

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: TRAINING DIVISION  
(Division) (Section, Unit)

Official Position Title: INSPECTOR - NUMBER ONE MAN

Rating Period: from 4/1/62 to 3/31/63

ADJECTIVE RATING: OUTSTANDING Employee's Initials \_\_\_\_\_  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: [Signature] Assistant Director 4/1/63  
Signature Title Date

Reviewed by: [Signature] Assistant to 4/1/63  
Signature Title Date  
the Director

Rating Approved by: [Signature] Director 4/1/63  
Signature Title Date

### TYPE OF REPORT

(☒) Official  
(☒) Annual

( ) Administrative  
( ) 60-Day  
( ) 90-Day  
( ) Transfer  
( ) Separation from Service  
( ) Special

REC-131

XEROX

DEC 13 1978

67-276576-341	
Searched	Numbered
60-Day	7 APR 22 1963

2 APR 25 1963

3-10

## NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

**INSPECTOR W. MARK FELT  
NO. 1 MAN  
TRAINING DIVISION**

Between April 1, 1962 and October 22, 1962, Mr. Felt was responsible for directing all phases of the work in the Kansas City Office as the Special Agent in Charge. He thereafter in recognition of his outstanding work and abilities was promoted to the position of Number One Man in the Training Division of the FBI. Mr. Felt was designated as an Inspector on January 23, 1963 in the Training Division.

Mr. Felt has contributed immeasurably to the revision and updating of all phases of work in the Training Division. In view of his exceptional ability and contributions he has definitely earned an outstanding performance rating for the period of April 1, 1962 to March 31, 1963.

Mr. Felt makes a superior personal appearance. He has an outstanding personality and is most effective and impressive in his personal contacts as well as his liaison responsibilities. He is a tireless worker who has given freely of his own time to accomplish outstanding results both as a Special Agent in Charge and a Number One Man in the Training Division. He affords all matters close and tight supervision and has the respect of his associates and subordinates.

As an SAC and as a Number One Man he has handled personnel in a superior manner and has developed fine relations with other agencies. While an SAC he developed an outstanding training program in the field and has continued to implement these ideas in the furtherance of the over-all training program of the FBI. Mr. Felt, through his outstanding leadership, personal guidance and perseverance, has merited special commendation on numerous occasions during the rating period. He was cited for his outstanding efforts in the handling and supervision of criminal matters, identification of victims and investigation of a Continental Airlines crash. Numerous highly placed individuals in the Kansas City area in letters to the Director commended Mr. Felt for his superior abilities as Special Agent in Charge of that division. Mr. Felt has also materially aided in the placing of more know-how in the over-all FBI training programs.

Mr. Felt has served in the FBI for more than twenty-one years. Through his outstanding abilities he has risen from the ranks to his present position as Inspector and Number One Man in the Training Division. His elevation during the rating period is based upon his outstanding technical competence and supervisory ability. He has demonstrated superior and analytical ability and unusually fine initiative. Mr. Felt's achievements and over-all performance has been superior and outstanding in all phases of endeavor.



Mr. Tolson

4-5-63

Mr. Mohr

EUGENE W. WALSH  
Number One Man - Inspector  
Administrative Division

W. MARK FELT  
Number One Man - Inspector  
Training Division

AUGUSTUS K. BOWLES III  
Number One Man - Inspector  
Identification Division

BRIGGS J. WHITE  
Number One Man  
Laboratory Division

#### OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual reports for Messrs. Walsh, Bowles, Felt and White in which their services have been rated Outstanding for the period 4-1-62 through 3-31-63. Mr. Belmont has signed the rating of Mr. White and I have signed the ratings of Messrs. Walsh, Bowles and Felt as Reviewing Official.

These men were all rated Outstanding on their 1962 annual performance ratings and no serious administrative action has been taken against them during the current rating period.

In the event you approve these ratings, I respectfully request that the Director sign both the original and the copy of each as Approving Official. Upon receipt of all ratings from the Seat of Government and the field, these and other Outstanding ratings will be transmitted to the Department for approval by the Efficiency Awards Committee. Messrs. Walsh, Bowles, Felt and White are all in Grade GS 16 thus they will then be entitled to cash incentive awards in the amount of \$400 as has been approved in the past for those below the level of Assistant Director who are in Grade GS 16 or above.

#### RECOMMENDATION:

That the Director, as Approving Official, sign the original and copy of each of the attached Outstanding ratings for Messrs. Walsh, Bowles, Felt and White and upon approval by the Department they be furnished copies of their ratings and approved for incentive awards of \$400.

Enclosures

RRB:crt

(5)

1 - Personnel File of Augustus K. Bowles III

1 - Personnel File of W. Mark Felt

1 - Personnel File of Briggs J. White

APR 22 1963  
PERMANENT BRIEFS ATTACHED.

134

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

April 16, 1963

I certify that I have received the following Government property for official use:

~~XXXXXX~~  
returned

Copy #2 of Training Guide # 1, "AUDITING STANDARDS IN THE FBI"

FILE

3-M

PER CS

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.  
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

67-~~NOT RECORDED~~

9 APR 18 1963

39



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to  
File No.**

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI, who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstance exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>LU MARK FELT</i>	<i>3-7-63</i>	<i>TRAINING DIV.</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<i>AUDREY R. FELT</i>	<i>WIFE</i>

Address
<i>1208 MUSKET COURT FAIRFAX, VIRGINIA</i>

Name	Relationship
[Redacted]	[Redacted]

Address
[Redacted]

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<i>AS ABOVE</i>	

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<i>AS ABOVE</i>	

Address

Very truly yours,

Payment Received  
Special Agents Insurance Fund

MAR 8 1963

*William H. Helt*  
Special Agent

67-NOT RECORDED

MAR 10 1963

16

*3-10-63*



April 19, 1963

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

FBI

REC'D-READING ROOM

APR 19 11 37 AM '63

Dear Felt:

I am taking this opportunity to advise that your services for the period from April 1, 1962, to March 31, 1963, have merited an Outstanding performance rating, which has been approved by the Efficiency Awards Committee of the Department. You may retain the enclosed copy of this rating.

It is my pleasure also to inform you that in recognition of your exceptional performance I have approved an incentive award of \$400.00 for you. There is enclosed a check in the amount of \$328.00, which represents this award less withholding tax. I want you to know that your superior and dedicated services are deeply appreciated.

REC-139

Sincerely,

J. Edgar Hoover

Searched

Numbered

APR 22 1963

67-27657-342

Enclosures (2)

1 - Mr. Casper (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 [ ] (Sent Direct)

MAILED 20  
APR 19 1963  
COMM-FBI

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

REC'D

LRH:dks  
(5)

Award #1072-63

XEROX  
DEC 13 1978

MAIL ROOM ☐ TELETYPE UNIT ☐

b6  
b7C

Mr. Tolson	✓
Mr. Belmont	_____
Mr. Mohr	_____
Mr. Casper	_____
Mr. Callahan	✓
Mr. Conrad	_____
Mr. DeLoach	_____
Mr. Evans	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

April 22, 1963

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

Your action in giving me an Outstanding performance rating is most gratifying. I am deeply appreciative of this recognition and the accompanying incentive award of \$400.

Please be assured of my continued efforts to meet your high standards and merit your approval. What success I have is due in the most part to the inspiration of your dynamic leadership.

It is my hope to work for and with you for many years to come.

Respectfully,

*W. Mark Felt*  
W. Mark Felt  
#1 MAN-TRAINING DIVISION

APR 30 1963  
~~EXP. PROC.~~  
APR 23 1963

REC-146

67-276576-343	
Searched	Numbered
4 APR 24 1963	

3/103

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Casper

DATE: September 27, 1963

FROM : W. Mark Felt

SUBJECT: ACCIDENT WHILE DRIVING  
PERSONALLY OWNED CAR  
9/26/63

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

b6  
b7C

While driving to work in my personally owned car, a 1963 Pontiac, on 9/26/63, I was involved in an accident with another car at the intersection of Gallows Road and Highway 50.

The line of cars in front of me stopped suddenly and I was unable to avoid hitting the car immediately in front of me. Damage was minor as I had been able to come to a stop before the impact. The other car, a Volkswagon bus, was driven by [redacted] He had three passengers in the car with him. A woman passenger said that she bumped her knee in the accident but did not regard the injury as serious. The other passengers disclaimed any injury.

b6  
b7C

Police were not called in view of the minor nature of the accident; however, I subsequently reported it to the Virginia Highway Patrol as required by Virginia law.

I have reported this matter to my insurance company and the driver of the other car will be contacted and settlement made. I informed the insurance company that I thought the accident was my fault. Damage to the Volkswagon bus appeared to be negligible. Damage to my car is estimated at \$50.-

## RECOMMENDATION:

That this memo be placed in my personnel file for record purposes.

1 - Mr. Callahan  
WMF:hcv  
(3)

REC-138

Searched	Numbered
OCT 2 1963	

*This was a  
very minor  
accident*

*9/30*

*3/1/63*

*18*  
5 OCT 4 1963

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

September 3, 1963

I certify that I have received the following Government property for official use:

~~xxxxxx~~  
returned

Copy #2 of Training Document #66, "COURTESY IN LAW ENFORCEMENT"

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED

3 SEP 10 1963

FILE

3-M

Very truly yours,

PER

(Signature)

(Typed name)

W. Mark Felt



MR. TOLSON

August 14, 1963

J. H. GALE

INSPECTION - TRAINING DIVISION  
ASSISTANT DIRECTOR JAMES H. GALE  
JULY 22 - AUGUST 2, 1963

SYNOPSIS

Officials: Assistant Director Joseph J. Casper in charge of Division since separation from Training and Inspection Division 9/26/62; Inspector W. Mark Felt Number One Man since 10/22/62.

Physical Condition and Maintenance - Very Good. Division occupies space in Justice Building, Old Post Office, Quantico and Midland and Sowego Radio Stations. Space secure, organized efficiently, and adequate for Division needs. Minor housekeeping delinquencies noted and ordered corrected. Quantico ranges and radio stations exceptionally well maintained. Automotive equipment inspected and found to be adequate, not excessive, and in very good condition except for one safety defect consisting of partially smooth spare tire in car assigned Sowego Radio Station (administrative action handled separately).

Specific Division Operations - Very Good. Division responsible for Bureau-wide training programs. Increased emphasis being placed on more "know-how" into all phases of training operations. Where possible seminars replacing lectures and specific investigative problems being discussed and analyzed. During fiscal year 1963, 363 new Agents trained. Substantial increase anticipated this fiscal year. Training Program adequate and covers general and specific needs of new Agents. Inspector instructed Division to intensify Police Training Programs so as to insure Bureau's continued leadership in this field. 3,081 Police Schools held last year, total attendance 105,209. Emphasis being placed on executive and administrative phases of law enforcement work in National Academy (NA) training. Division closely following progress of International Police Academy. Stenographic training and Suggestion Programs satisfactory. Number of suggestions received Bureau-wide increased over previous fiscal year and tangible savings totaling approximately \$41,000 effected. Three Training Documents published last year. Five more being prepared. One training film being produced, 4 others under consideration. Training Division instructors well prepared, interesting, and informative. Inspector stressed need for greatly expanded use of visual aids to facilitate training. Readjustment of new Agents' class schedules by Training Division resulted in substantial per diem savings to Bureau.

1 - Mr. Callahan (Attention: Mr. C. R. Davidson) (Sent Separately)

① - Personnel File of Inspector W. Mark Felt

1 - Personnel File of SAC Sloan Quantico (SOG file)

Enclosure 1 - Personnel File of Asst. Dir. Casper

JHG:wmj (6)

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Memo for Mr. Tolson  
Re: Inspection - Training Division

Administrative Operations - Very Good. Inspector feels #1 Man can assume more responsibility in auditing instructors and supervision of new Agents. Adequate administrative checks being made to insure efficient operations. Continued economy stressed. Stenographic production less than over-all SOG average and pages retyped high. Both due to new stenographer who entered on duty 7/17/63. Registers and inventory records generally being handled properly. Implementation of recommendations made by Inspector will facilitate locating pertinent information in NA files and will facilitate supervision of NA investigations.

Personnel Matters - Very Good. Clerical and Agent personnel adequate but not excessive at this time. Two Agent instructors on loan from Washington Field Office (WFO) justified in view of heavy load of new Agents' training scheduled in Fall of 1963. With decline of peak load and realignment of certain lectures and administrative duties of #1 Man, Training Division should be able to release these two men to WFO. One additional maintenance employee, Quantico, and 2 stenographers for Division (replacements) justified. Voluntary overtime necessary and equitably shared. Interview Program to detect below-average new Agents effective and will continue. Morale appears very high. 18 Agents attending 3 new Agents' classes interviewed. Inspector impressed with caliber and appearance of new Agents as well as knowledge of Bureau rules, policies and procedures. Contributions to "The Investigator" and "Law Enforcement Bulletin" excellent.

Contacts - Excellent. Extensive liaison being maintained. 8 of 30 contacts developed since Division organized. 38 speeches and special lectures by Division personnel, 10 of which were handled by Assistant Director Casper. Through liaison with International Association of Chiefs of Police, Assistant Director Casper acquainted with Chiefs in most major cities. Quantico's liaison with United States Marine Corps and leading firearm and ammunition manufacturers is outstanding.

#### RECOMMENDATIONS:

1. Assistant Director Joseph J. Casper, EOD 1/5/41, GS-17 @ \$18,500. Mr. Casper makes an outstanding personal appearance and has a fine personality which enables him to readily make friends in the field of law enforcement. Casper is intensely interested in his job, is enthusiastic, and it is felt that under his direction the Training Division has done an above-average job in fulfilling its responsibilities. It is recommended that Mr. Casper be continued as Assistant Director and that the attached letter go forward advising him of the inspection findings.

**Memo for Mr. Tolson**  
**Re: Inspection - Training Division**

2. W. Mark Felt, Number One Man, EOD 1/26/42, GS-16 @ \$17,500. Mr. Felt makes an excellent personal appearance and is a dedicated, conscientious career employee. He is doing a competent job as Number One Man in the Training Division and excellent teamwork exists between Mr. Casper and Mr. Felt. It is recommended that he be continued as Number One Man.

3. SAC Henry L. Sloan, Quantico, Virginia, EOD 4/15/35, GS-16 @ \$18,000. Mr. Sloan makes an excellent personal appearance, is extremely conscientious and is operating the Academy at Quantico in a highly satisfactory manner. He is an excellent public relations man who has established very fine liaison with the Marine Corps officials at Quantico. It is recommended that he continue as SAC at Quantico.

4. Recommendations regarding other personnel being handled separately.

Memo for Mr. Tolson  
Re: Inspection - Training Division

DETAILS

PHYSICAL CONDITION AND MAINTENANCE . . . . . VERY GOOD

Division occupies space in Justice Building, Old Post Office, Quantico (Academy, Range, and Midland and Sowego Radio Stations), and one room in the Identification Building used for stenographic training. During peak loads of training, classrooms in Laboratory and Files and Communications Divisions used. Portion of Academy space at Quantico being utilized for permanent storage of communications equipment for use in Buplans operation. Need for expansion of communications equipment at Academy under consideration. Division maintaining space in secure condition, is organized for efficient operations, and space assigned is considered adequate although no room for expansion.

Minor housekeeping delinquencies noted and ordered corrected. Dishes being maintained at range kitchen, Quantico; exposed to insecticide sprays - Inspector ordered dishes removed. Large area utilized to store surplus machine guns needed for spare parts - Inspector instructed needed parts be removed and remaining parts be disposed of in order to eliminate congestion. Range classroom untidy. Academy and Radio Stations at Midland and Sowego maintained in excellent condition.

Automotive equipment assigned Quantico inspected. Partially smooth spare tire considered unsafe for use during inclement weather detected in car assigned to Quantico for use at Sowego Radio Station. Inspector ordered tire replaced and administrative action regarding those responsible for this potential safety hazard being handled separately. Number of cars assigned to Quantico adequate, but not excessive. Requests for equipment by Division justified with exception of fluid duplicator (savings of \$200).

SPECIFIC DIVISION OPERATIONS . . . . . VERY GOOD

Training Division responsible for supervision of over-all training program throughout the service. Increased emphasis placed on putting more "know-how" into all phases of training program. Agents attending In-Service training impressed with changes made. During fiscal year 1963, 33 In-Service classes held covering wide variety of subject matter. Number of significant changes have been made in In-Service Training Program by Training Division and Training Committee to improve quality. These primarily include the use of seminars to replace lectures and the discussion of specific investigative problems rather than

Memo for Mr. Tolson  
Re: Inspection - Training Division

referring to statistics and reciting manuals. During fiscal year 1963, 363 new Agents trained. Substantial increase expected during current fiscal year. Training Program adequately covers general and specific needs of new Agents. Training Program revised in order to allow new Agents to devote 30 hours to highly important subject matter of interviews and taking of signed statements. Readjustment of new Agents' class schedule resulted in substantial savings to Bureau.

Police Training Programs and Law Enforcement Conferences adequate. During fiscal year 1963, 3,081 Police Schools held with attendance of 105,209. 258 Law Enforcement Conferences convened with total attendance of 26,964.

Increased emphasis being placed on executive and administrative phases of law enforcement work in National Academy (NA) training. 181 police officers trained at National Academy during fiscal year 1963. This included 13 foreign officers. 18 more foreign officers scheduled to attend August, 1963, NA class. Training Program continually being re-evaluated and revised to improve quality of program. Division closely following progress of International Police Academy (sponsored by Agency for International Development).

Supervision of Bureau-wide Suggestion Program satisfactory. Suggestions being handled and acknowledged promptly. Number of suggestions increased from 1039 to 1141 during fiscal year 1963 and the number of suggestions adopted increased from 275 to 317. Tangible savings amounted to approximately \$41,000. Inspector made suggestion to streamline tabulations maintained with regard to number of suggestions submitted.

Stenographic training provided 155 Bureau employees (76 attended Procedures Class, 10 Basic Shorthand Class, and 69 Advanced Shorthand Class) during fiscal year 1963. Inspector made suggestion to speed up institution of stenographic procedures course so that data taught will be more meaningful and useful.

Three Training Documents published during fiscal year 1963. Since inception of Training Document Program, 65 have been published relating to a wide variety of pertinent subject matter. Five additional documents being prepared. One additional training film being prepared and 4 others under consideration. Need for greatly expanded use of visual aids in lectures to In-Service and new Agents' classes stressed.

Physical Training Unit, Legal Research Desk, Forms Management Desk and Manuals Desk being operated in highly satisfactory manner.

Memo for Mr. Tolson  
Re: Inspection - Training Division

Audits made during inspection of classroom instructors indicated they are well prepared, interesting and informative. Instructors are highly capable. Appearance and operation of the Academy and Ranges at Quantico satisfactory and are receiving proper supervisory attention.

**ADMINISTRATIVE OPERATIONS . . . . . VERY GOOD**

Division composed of front office to which Assistant Director and Number One Man assigned and Quantico where SAC and ASAC assigned. Radio Stations at Sowego and Midland also under administrative control of Division and are the specific administrative responsibility of SAC, Quantico. Supervisory and administrative assignments within Division equitably shared; however, Inspector feels Number One Man could assume more responsibility in the auditing of instructors and supervision of New Agents.

Assistant Director and Number One Man close to operations of Division and working as a team. Adequate number of administrative checks being made to insure efficient Division operations. Use of clerical employees to handle field forms, suggestions, and manual revisions fully justified and clerical work evenly distributed. Spot-check inventory of property maintained at Quantico satisfactory. Continued economy in operations stressed.

Time and attendance records and clerical registers being handled in accordance with Bureau regulations.

Stenographic pool consisting of 6 stenographers and 1 typist adequately assigned. Production survey indicates producing 2.43 pages per hour as compared to over-all SOG average of 2.64 pages per hour. Pages retyped high (26). Under-average productivity and high number of pages retyped primarily due to new stenographer who entered on duty 7/17/63.

Inspector recommended and Assistant Director agreed to revision of form to facilitate supervision of NA investigations and to suggestion to establish subfiles for NA matters to facilitate locating pertinent material. Odd-hour shifts justified. Adequate tickler systems in effect to insure important items handled. Contributions to Law Enforcement Bulletin excellent. Since September, 1962, Division has prepared or assisted in the preparation of 17 Law Enforcement Bulletin articles and 4 more articles due to be published in the near future. Division defense plans up to date and workable. Errors in correspondence low. Since 9/1/62 one error detected within Division and one outside Division.



Memo for Mr. Tolson  
Re: Inspection - Training Division

**PERSONNEL MATTERS . . . . . VERY GOOD**

29 Agents assigned to Division (18 at SOG - 11 at Quantico). Two Agents on loan from Washington Field Office being used as lecturers. Their continued use justified in order to handle heavy schedule of National Academy and new Agents' classes this fall. Inspector instructed Division re-evaluate personnel needs immediately after new Agents' classes decline in number in order to release two Agents on loan to Division. Inspector feels this can possibly be accomplished by assigning additional lectures to ASAC at Quantico and to SOG supervisors handling new Agent and National Academy matters.

62 clerks assigned to Division - 25 at SOG, 15 at Quantico and 22 at the Midland and Sowege Radio Stations. Request for one additional maintenance employee at Quantico and 2 stenographers as replacements for SOG steno pool justified. Agent and clerical personnel believed adequate, but not excessive.

Voluntary overtime for three-month period April - June, 1963, averaged 2'21" per day (SOG average 2'18" per day) - productive, essential and equitably shared. No Agents assigned to Division overweight, on probation, or on limited duty. 58 letters of commendation and 8 incentive awards since Division in existence. Morale appears to be very high.

18 Agents attending 3 new Agents' classes interviewed. Inspector impressed with caliber and appearance of new Agents as well as knowledge of Bureau's rules, regulations and procedures. Assistant Director instructed to continue program to ferret out undesirable new Agents.

100% membership in FBIRA. Flower Fund being maintained in accordance with Bureau regulations. Divisional recreation activities excellent and highlighted by FBIRA Field Day at Quantico. Submissions to "The Investigator" (33) considered excellent. All Agents assigned to Division and representative number of Agents attending new Agents' classes contacted within one hour on availability check.

**CONTACTS . . . . . EXCELLENT**

Extensive liaison contacts being maintained by Division. 8 of a total of 30 contacts developed since Training Division organized 9/27/62. 38 speeches and special lectures given by personnel in Division before outside groups. 10

**Memo for Mr. Tolson**  
**Re: Inspection - Training Division**

personally handled by Assistant Director. Liaison with International Association of Chiefs of Police (IACP) handled by Assistant Director, who is member of Executive Committee. As committeeman Assistant Director has become acquainted with Chiefs of Police in nearly all major cities. Training Division also maintains liaison with Agency for International Development (AID) and through AID coordinates training of foreign police officials attending National Academy as well as other special training and techniques given foreign police officials. Training Division liaison with leading professional accounting groups excellent and has resulted in preparation of articles concerning FBI in professional journals each year since 1960. SAC, Quantico, maintains excellent close liaison with officials and officers of the United States Marine Corps as well as with leading firearms and ammunition manufacturers.



Name: W. Mark Felt

Title: Inspector (#1 Man)

EOD: January 26, 1942

Grade: GS-16 at \$17,500

Veteran: No

Not on Probation

ASSISTANT DIRECTOR J. J. CASPER. *JJC* 7/24/63

JJC:hcv

This personnel write-up is submitted on Inspector Felt who is presently serving as the Number One Man of the Training Division. Inspector Felt makes a superior initial impression with a fine personality and outstanding attitude toward his assignments. He has contributed to the achievements of the Training Division and has given freely of his own time to accomplish the goal of his assignments. Mr. Felt has demonstrated a keen analytical ability to closely follow up on all of his assignments to see that they are handled with dispatch and correctly. He received an outstanding performance rating in his 1962 annual rating and was given an incentive award in the amount of \$400. He shared in a commendation of the Training Division for valuable services to the Specialized In-Service Kidnaping School held in April, 1963.

Rating: Excellent

ASSISTANT DIRECTOR J. H. GALE:  
(JHG:wmj 8/14/63)

For comments of  
Assistant Director see  
memorandum J. H. Gale

to Mr. Tolson dated August 14, 1963, captioned, "Inspection - Training Division, Assistant Director James H. Gale, July 22 - August 2, 1963."

TRAINING DIVISION INSPECTION

7/24/63

JJC:hcv

*JJC 1/2*

67-NOT RECORDED  
4 AUG 16 1963

*10 JHG*  
*3 - AUG*



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date <u>7-29-63</u>	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>6-</u>	<u>TRAINING</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY R. FELT</u>	<u>WIFE</u>

Address
<u>1208 MUSKET COURT, FAIRFAX, VIRGINIA</u>

Name	Relationship
[Redacted]	[Redacted]

Address
[Redacted]

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>SAM</u>	

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

[Signature]  
Special Agent

Payment Received  
Special Agents Insurance Fund

JUL 30 1963

84 J. Edgar Hoover, Director

3-mbm

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

6-7-63

I certify that I have received the following Government property for official use:

~~returned~~

D. C. OFFICIAL PARKING PERMIT, EXPIRES 6-30-64  
(pink)

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

31  
67 NOT RECORDED  
4 AUG 15 1963

FILE  
3-M

Very truly yours,  
PER

(Signature)

(Typed name) W. MARK FELT

May 2, 1963

Mr. Joseph J. Casper  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Casper:

I am particularly pleased to commend, through you, the personnel who contributed such valuable services to the Specialized In-Service Kidnaping school last month.

Many favorable remarks were received regarding the effectiveness and high quality of this specialized training and the success realized can be attributed in no small measure to the splendid skill, enthusiasm and devotion to duty these men displayed in handling their particular responsibilities. The manner in which the school was conducted was indeed noteworthy and I want you to convey my sincere appreciation to the men who assisted.

Sincerely yours,

1 cc for personnel file of Inspector W. Mark Felt

67-NOT RECORDED  
4 JUN 18 1963

DUPLICATE YELLOW

## REPORT OF MEDICAL EXAMINATION

#2

F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Felt, W. Mark</b>		2. GRADE AND COMPONENT OR POSITION <b>Inspector</b>	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>10-4-63</b>
7. SEX <b>M</b>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT
9. DATE OF BIRTH <b>8-17-13</b>	12. PLACE OF BIRTH <b>Twin Falls, Idaho</b>	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <b>NNMC</b>	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

ENCLOSURE

REC-140

67-226576-345

Searched \_\_\_\_\_ Numbered 66

5 NOV 1 1963

3/28

39. OPS LLQ  
Hemiokephaly S. ki Inguinal  
NCD

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																					
O—Restorable teeth I—Nonrestorable teeth		X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																																					
R I G H T	<table border="1"><tr><td>X</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>X</td><td>14</td><td>15</td><td>X</td><td>16</td></tr><tr><td>X</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>16</td><td>15</td></tr></table>	X	2	3	4	5	6	7	8	9	10	11	12	13	X	14	15	X	16	X	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	No DEFECTS Noted Types Class 1	
X	2	3	4	5	6	7	8	9	10	11	12	13	X	14	15	X	16																						
X	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15																						

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.023</b>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <b>neg.</b>		18869-63 Normal.	
C. SUGAR <b>neg.</b>		50. OTHER TESTS	
47. SEROLOGY (Specify test used and result)		49. BLOOD TYPE AND RH FACTOR	
48. EKG <b>Right ventricular conduction delay.</b>		50. OTHER TESTS	

NOV 5 1963

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72 1/2"		52. WEIGHT 171		53. COLOR HAIR BLOND		54. COLOR EYES BLUE		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE									
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)															
A. SITTING		SYS. 108 DIAS. 76		B. RECUMBENT		SYS. DIAS.		C. STANDING (3 min.)		SYS. DIAS.		A. SITTING 68		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.	
59. DISTANT VISION						60. REFRACTION						61. .750m NEAR VISION									
RIGHT 20/20 CORR. TO 20/15						BY S. OX						CORR. TO 20/8 BY LENS									
LEFT 20/25 CORR. TO 20/15						BY S. OX						CORR. TO 20/8 BY LENS									
62. HETEROPHORIA (Specify distance)																					
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.		PC		PD							
				#5 (42)		#14 (56)		#15 (89)		CT											
63. ACCOMMODATION						64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)						UNCORRECTED			
RIGHT LEFT						1940 AOC 18/15												CORRECTED			
66. FIELD OF VISION						67. NIGHT VISION (Test used and score)						68. RED LENS TEST						69. INTRAOCULAR TENSION			
70. HEARING						71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV 15 /15 SV 15 /15						250 256 500 612 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192															
LEFT WV 15 /15 SV 15 /15						RIGHT															
						LEFT															

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

# REPORT OF MEDICAL HISTORY

F.B.I. 103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>FELT, W. MARK</b>		2. GRADE AND COMPONENT OR POSITION <b>GS 16</b>	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State) <b>1208 MUSKET COURT FAIRFAX, VIRGINIA</b>		5. PURPOSE OF EXAMINATION <b>ANNUAL PHYSICAL</b>	6. DATE OF EXAMINATION <b>10-4-63</b>
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN <b>28</b>	10. AGENCY <b>FBI</b>
11. ORGANIZATION UNIT <b>TRAINING DIVISION</b>		12. DATE OF BIRTH <b>8-17-13</b>	
13. PLACE OF BIRTH <b>TWIN FALLS, IDAHO</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <b>EARL FELT FATHER TWIN FALLS, IDAHO</b>	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

**EXCELLENT**

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	<b>86</b>	<b>EX</b>				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	<b>84</b>	<b>EX</b>				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	<b>48</b>	<b>EX</b>				<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS AND SISTERS						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLEED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

<input type="checkbox"/>	BEEN PREGNANT
<input type="checkbox"/>	HAD A VAGINAL DISCHARGE
<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER
<input type="checkbox"/>	HAD PAINFUL MENSTRUATION
<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:

AGE AT ONSET OF MENSTRUATION
INTERVAL BETWEEN PERIODS
DURATION OF PERIODS
DATE OF LAST PERIOD
QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? **ONE**

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS **23 YEARS**

25. WHAT IS YOUR USUAL OCCUPATION? **FBI AGENT**

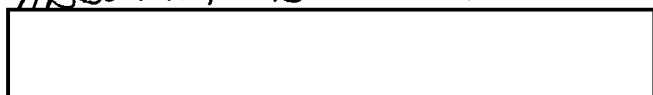
26. ARE YOU (Check one)  
☒ RIGHT HANDED ☐ LEFT HANDED

67-276576-345

JP

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

#32  
SINUS OPERATION 1929  
HERNIA OPERATION 1948  
ABDOMINAL BIOPSY 1952



b6  
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE <b>W. MARK FERT</b>	SIGNATURE 
--	---------------

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

all stems used

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE 	NUMBER OF ATTACHED SHEETS
--	------	---------------	---------------------------



Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner

Name of Examinee Felt, W. Mark  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
- Does examinee have any defects prohibiting safe operation of motor vehicles?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

ENCLOSURE

67-276576-345

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

H. D. Palmer  
 (Signature of Medical Examiner)

4 October 63  
 (Date)

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_

TO : Mr. Mohr

DATE: October 30, 1963

FROM : J. J. Casper

SUBJECT: ERROR IN CORRESPONDENCE

*W. Mark Felt*

An error was detected in Mr. Tolson's Office in an outgoing letter dated November 6, 1963 to Mr. Cato S. Hightower, Chief of Police, Fort Worth, Texas, wherein "Fort Worth" was spelled "Forth Worth."

This letter was one of one hundred ~~other~~ departure letters that were prepared by stenographers of the Training Division during the period September 12 through 17, 1963. These letters are called departure letters in that they are dated and mailed on the day of graduation of the current session of the FBI National Academy.

The letter to Mr. Cato S. Hightower was prepared by Stenographer [redacted] who entered on duty in the Training Division, July 15, 1963. The letter was prepared from a tickler copy of an approved general letter and the tickler copy of a letter to Chief Hightower extending an invitation for his representative to attend the 72nd Session. The letter bears the initials "JVC:kap." All letters of this nature are reviewed by Supervisor J. V. Cotter on the National Academy Desk, then by Mr. Felt, #1 Man of the Training Division, and by myself as Assistant Director.

According to the Supervisor's Manual, as maker of this letter [redacted] would ordinarily be subject to censure. However, in view of the fact that she had not been employed by the Bureau for more than sixty days at the time this letter was prepared and inasmuch as she is developing into a dedicated, interested and loyal Bureau employee, I do not feel that she should be censured. It could certainly affect her morale to do so. I further feel that inasmuch as this is in effect a form letter and not a dictated item as such, SA Cotter as the initial reviewer should not be censured. The greater majority of these one hundred letters were reviewed by him, Mr. Felt and myself at about the same time. This volume coupled with the volume of correspondence connected with the forthcoming National Academy graduation, although not an excuse for missing this obvious stenographic error, I feel, serves in mitigation.

## RECOMMENDATION:

That the stenographer be charged with an error, not censurable and to be considered in her over-all performance within the next 9 months, and that Cotter, Felt and I receive reviewer errors.

1 - Mr. Callahan

JJC:hcv

(3) 1 NOV 7 1963

*30343* XEROX

NOV 6 1963

REC-135

67-598625-14  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
8 NOV 1 1963

*[Signature]*

*errors*  
*score*  
*3/11/63*

W. Mark Felt

October 22, 1963

Captain [redacted]  
U. S. Naval Reserve  
Assistant Director of Naval Intelligence  
Security  
Office of the Chief of Naval Operations  
Department of the Navy  
Washington, D. C. 20350

b6  
b7C

Dear Captain:

Thank you for your letter of October 15th concerning the assistance furnished you by representatives of this Bureau in connection with your Agents' Training Program. It was certainly good of you to write me and your comments are most complimentary. Messrs Felt, Gurley, [redacted] and Webb join me in expressing appreciation for your thoughtfulness in writing.

b6  
b7C

Sincerely yours,

DUPLICATE YELLOW

1 - Mr. Casper - Enclosure  
1 - Mr. Trotter - Enclosure  
1 - Mr. Sullivan - Enclosure  
10 OCT 23 1963 - Mr. Conrad - Enclosures (2)

JCF:deh (12)

Bureau note and personnel file copies listed next page

Captain [REDACTED]

b6  
b7C

- 1 - Personnel file of SA Lawrence T. Gurley - Enclosure
- ① - Personnel file of SA W. Mark Felt - Enclosure
- 1 - Personnel file of SA Frederick E. Webb - Enclosure
- 1 - Personnel file of [REDACTED] - Enclosure

b6  
b7C

NOTE: Bufiles contain no derogatory or additional pertinent information concerning Captain [REDACTED]

b6  
b7C

January 24, 1964

PERSONAL

Dear Felt:

My sincerest congratulations upon your Twenty-Second Anniversary with the Bureau. I know the pride you have in your work and I can say in all honesty that I, too, am proud of the record you have made, and am looking forward to benefiting through your services in the years ahead.

With every good wish,

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

SENT FROM D. C.	
TIME	9:50 AM
DATE	24 Jan 64
BY	WPC

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

REC-133

67-276576-346	
Searched	Numbered
1 JAN 24 1964	

JEH:eh January 26

8/2 JAN 28 1964

MAIL ROOM ☐ TELETYPE UNIT ☐

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

11/18/63

I certify that I have received the following Government property for official use:

~~returned~~  
Copy #2 of Training Document #67, "Background Investigation of  
Law Enforcement Officers"

FILE

3-M

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.  
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN

ANYWAY  
67-NOT RECORDED

10 NOV 21 1963

Very truly yours, ~~FER~~

(Signature)

(Typed name) W. Mark Felt

January 24, 1964

Mr. Tolson	✓
Mr. Belmont	✓
Mr. Mohr	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	_____
Mr. DeLoach	_____
Mr. Evans	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

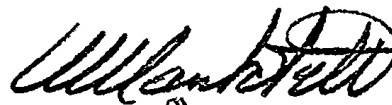
Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

Your thoughtfulness in remembering my  
Twenty-Second Anniversary with the Bureau and your  
generous remarks are most sincerely appreciated.

I am, indeed, proud of my association with  
this splendid organization. By far the most important  
factor in our continued success is your inspired guidance  
and direction. It is my hope that I can remain with the  
Bureau for many more anniversaries.

Sincerely,



W. Mark Felt

REC-131

67- 276 576-347
Searched
8 JAN 30 1964

10 JAN 31 1964

73

3/10/64



UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Callahan

DATE: 2-4-64

FROM : C. R. Davidson *CRD RRD*

SUBJECT: W. MARK FELT  
Number One Man - Inspector  
Training Division  
EOD 1-26-42; GS-16, \$17,500

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

The following is a brief summary of Mr. Felt's record for the Director's use.

He entered on duty 1-26-42 as a Special Agent and served in the Houston and San Antonio Offices until 12-1-42 when he was transferred to the Security Division. On 8-10-45, <sup>he</sup> was again sent to the field and served in the Seattle Office until 9-24-54 when he was transferred to the Training and Inspection Division. On 12-16-54 he was transferred as ASAC to New Orleans. He also served as ASAC at Los Angeles and SAC at Salt Lake City and Kansas City. On 10-22-62 he was returned as #1 Man in the Training Division, where he is presently serving. He has been Inspector since 1-23-63. As #1 Man to the Assistant Director of the Training Division he assists in the over-all operations of this Division.

During an inspection of the Training Division, July 22 - August 2, 1963, Mr. J. H. Gale stated Mr. Felt made an excellent personal appearance and was a dedicated, conscientious employee. He was doing a competent job as Number One Man in the Training Division and excellent teamwork existed between Mr. Casper and Mr. Felt. The various functions of the office were rated as follows:

PHYSICAL CONDITION AND MAINTENANCE.....	VERY GOOD
SPECIFIC DIVISION OPERATIONS.....	VERY GOOD
ADMINISTRATIVE OPERATIONS.....	VERY GOOD
PERSONNEL MATTERS.....	VERY GOOD
CONTACTS.....	EXCELLENT

Mr. Felt was rated OUTSTANDING on his 1963 annual performance report and in recognition thereof he received a CASH AWARD in the amount of \$400.00 by letter dated 4-19-63. He has been COMMENDED several times, the last being 5-2-63, through Mr. Casper, along with the personnel who contributed such valuable services to the Specialized In-Service Kidnaping school last month. He has not been subject to more severe administrative action than CENSURE and PROBATION on 12-14-59 as a result of an inspection of the Kansas City Office in October, 1959, which disclosed several errors in cases under his supervision. He was serving as SAC at that time. Mr. Felt has not been CENSURED since his assignment to the Training Division 10-22-62. It is noted his REMOVAL FROM PROBATION was effective 10-21-60.

FDH:wh (2)

Enclosure: Permanent Brief

REC-133

67-216576-348 (OVER)  
Searched \_\_\_\_\_  
8 FEB 12 1964

*3*  
*me*

RE: W. MARK FELT  
#1 Man - Inspector  
Training Division

Mr. Felt does not list an office of preference and his overtime performance is considered satisfactory.

By letter dated 1-24-64 the Director congratulated him upon his Twenty-Second Anniversary with the Bureau. By letter dated 1-24-64 Mr. Felt expressed appreciation for this letter.

Mr. Felt last saw the Director 10-26-62. The Director stated he made an excellent personal appearance, seemed to be very enthusiastic about his new assignment and rated him above average. The Director stressed the importance of the Training Division's work and cautioned him about making statements before the classes of the Training Division which could be misinterpreted.

*mpe*  
*PHM*

February 11, 1964

Mr. William Abraham  
Chief of Police  
Hazel Crest, Illinois

My dear Chief:

I have received your letter of February 6th concerning the assistance rendered by my associates in connection with your recent Command Level School. We are always glad to extend our cooperation in matters of mutual interest.

It was certainly good of you to write and you may be sure that Messrs. SA Matthys, Thompson and Felt join me in expressing appreciation for your kind remarks.

Sincerely yours,

3 - Chicago - Enclosures (3)

2 - Mr. Casper - Enclosures (2)

Attention Inspector W. Mark Felt

1 - Personnel File of SA Francis W. Matthys - Enclosure

1 - Personnel File of SA James H. Thompson - Enclosure

① - Personnel File of Inspector W. Mark Felt - Enclosure

NOTE: Correspondent is not identifiable in Bufiles. SAs Matthys and Thompson are assigned to the Chicago Office. Inspector Felt is assigned to the Inspection Division.

JBS:med

(11)

REPLACEMENT YELLOW  
REPLACEMENT YELLOW

67-NOT RECORDED

3 FEB 17 1964

WILLIAM ABRAHAM  
CHIEF OF POLICE

b6  
b7C

# DEPARTMENT OF POLICE

HAZEL CREST, ILLINOIS

February 4, 1964

J. Edgar Hoover, Director  
Federal Bureau of Investigation  
506 Old Post Office Building  
Washington, D. C.

Dear Mr. Hoover:

I wish to thank your office and agents of the Bureau who were the instructors of the Command Level School at Homewood, Illinois, January 28th to the 31st, 1964.

This school was by far the best I have ever attended. Subjects that were covered were very well put by the Instructors.

I, for one, believe that I received more information from this course than anything I have had in the 25 years I have been a police officer.

My special thanks to Frank Mathies, James Thompson, and Mark Felt, of your office.

With sincere appreciation,

*William Abraham*

William Abraham, Chief  
Hazel Crest Police Department

February 12, 1964

[redacted]  
Village of Homewood  
Homewood, Illinois

b6  
b7C

Dear [redacted]

I have received your letter of February 6th relative to the assistance rendered the Village of Homewood by my associates in connection with the recently completed command training school. It was certainly thoughtful of you to write me and I am glad that we were able to contribute to the success of your school.

Your favorable comments regarding this Bureau are most kind and you may be certain that my associates appreciate, as I do, your generous remarks.

Sincerely yours,

- 1 - Chicago
- 1 - Mr. Casper - Enc. Inspector
- ① - Personnel File of SA W. Mark Felt - Enc.

NOTE: There is nothing in Bufiles identifiable with correspondent. Inspector W. Mark Felt, is assigned to the Training Division, and SAC Marlin W. Johnson, Chicago received copies of [redacted] letter.

b6  
b7C

JBS:sls

(6) **DUPLICATE YELLOW**

80

67-NOV 13 1964  
FEB 13 1964

# VILLAGE OF HOMEWOOD

HOMEWOOD, ILLINOIS

Feb. 6, 1964

b6  
b7C

Mr. J. Edgar Hoover  
Chief Investigator  
U.S. Department of Justice  
Federal Bureau of Investigation  
Washington 25, D.C.

Dear Mr. Hoover:

Recently representatives of the F.B.I. sponsored and conducted a command training school in the Village of Homewood for police officers of Homewood and 29 surrounding communities. I wish to express my appreciation and gratitude to your department for providing this invaluable service.

All who attended were unusually complimentary in their comments about the nature and administration of the course. I personally had the opportunity to meet several of your fine representatives and was equally impressed with their enthusiasm for increasing the professional standards of local police departments.

On behalf of [redacted] Board of Trustees I wish to commend your department for the manner and type of service afforded us and others.

b6  
b7C

Very truly yours

[redacted]

b6  
b7C

RAB:mc

cc: Mr. W. Mark Felt, Washington 25, D.C.

Mr. M. W. Johnson, FBI Special Agent-Chicago Office, 536 S. Clark, Chicago

[redacted]  
Chief of Police

b6  
b7C

2-14-64

PLAIN TEXT

TELEGRAM

URGENT

MR. W. MARK FELT  
PERSONAL DELIVERY ONLY  
160 NINTH AVENUE, NORTH  
TWIN FALLS, IDAHO

FEB 14 11 46 AM '64  
REC'D-READING ROOM  
FBI

I WANT TO EXTEND MY HEARTFELT SYMPATHY TO YOUR FAMILY AND  
YOU ON THE PASSING OF YOUR FATHER. IT IS MY EARNEST HOPE THAT  
YOU WILL DERIVE SOME MEASURE OF CONSOLATION FROM KNOWING  
THAT THE THOUGHTS OF YOUR FRIENDS AND ASSOCIATES IN THE BUREAU  
ARE WITH YOU, AND THAT WE ARE SHARING YOUR SORROW.

JOHN EDGAR HOOVER

FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
COMMUNICATIONS SECTION

FEB 14 1964

WESTERN UNION

1 SAC, Butte (Personal Attention)

Please be of all possible assistance to Inspector Felt.

1 Mr. Casper (Personal Attention)

The Administrative Division received word the morning of 2-14-64,  
of the death of Inspector Felt's Father. Flowers are being sent  
from "John Edgar Hoover and Associates."

CER

(5)

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

NOT RECORDED  
FEB 14 1964  
INITIALED  
DIRECTOR'S OFFICE  
MAIL ROOM ☐ TELETYPE UNIT ☐

WASH  
FEB 14 1964  
REC'D  
FBI  
CRD  
LSC  
PC

FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
COMMUNICATIONS SECTION

FEB 14 1964

WESTERN UNION

T W BIA021 XV PD (CHG CC 15EZ3508)

WUX BI WASHINGTON DC 14 1257PME

W. MARK FELT PERSONAL DELIVERY ONLY

160 NINTH AVENUE, NORTH

TWEIN FALLS, IDAHO

I WANT TO EXTEND MY HEARTFELT SYMPATHY TO YOUR FAMILY AND  
YOU ON THE PASSING OF YOUR FATHER. IT IS MY EARNEST HOPE THAT  
YOU WILL DERIVE SOME MEASURE OF CONSOLATION FROM KNOWING  
THAT THE THOUGHTS OF YOUR FRIENDS AND ASSOCIATES IN THE BUREAU  
ARE WITH YOU, AND THAT WE ARE SHARING YOUR SORROW.

JOHN EDGAR HOOVER

PO CITY SHD READ TWIN FALLS.





**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>1-21-64</u>	<u>TRAINING</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY R. FELT</u>	<u>WIFE</u>
Address <u>1208 MUSKET CT FAIRFAX VIRGINIA</u>	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	
Address [Redacted]	

b6  
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty; other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>SAME</u>	
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>SAME</u>	
Address	

Very truly yours,

Payment Received  
Special Agents Insurance Fund

JAN 22 1964

J. Edgar Hoover, Director

Special Agent

67-NOT RECORDED  
14 7 MAR 4 1964

3-ecf

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Mohr

DATE: February 13, 1964

FROM : J. J. Casper *JJC*

SUBJECT: INSPECTOR W. MARK FELT

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

*mcglorey*

*W.E. [unclear]*  
[Redacted Box] b6 b7C

This is to advise that I received a telephone call from SAC Karl W. Dissly this morning advising me that Inspector Felt's father who lives in Idaho suffered a heart attack last night. He stated that Mr. Felt upon completing his commitments at Memphis left this morning for Twin Falls, Idaho, where his father is hospitalized.

As I recall, Mr. Felt's father is 87 years of age and has been in poor health. Mr. Felt can be reached care of Mr. <sup>FE</sup>Carl Felt, 160 9th Avenue, North, Twin Falls, Idaho. He will keep the Bureau advised as to his itinerary.

## RECOMMENDATION:

Submitted for information.

*\* per personnel  
file and out-of-town  
dissemination  
adv. 2-13-64  
mcy*

*Diss. Pers. note  
2-13-64  
sul*

*[Signature]*

*[Signature]*

1 - Mr. Callahan  
JJC:hcv

(3)

REC-135

67-276576-349  
Searched \_\_\_\_\_  
8 FEB 17 1964

*[Handwritten marks]*

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Mohr

DATE: February 14, 1964

FROM : J. J. Casper

SUBJECT: INSPECTOR W. MARK FELT

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Reference is made to my memorandum of February 13, 1964, advising that Inspector Felt's father had suffered a heart attack and that Mr. Felt was leaving for Memphis to travel to Twin Falls, Idaho, where his father was hospitalized.

Mrs. Felt telephonically advised me this morning that Mr. Felt's father passed away before he was able to arrive in Twin Falls, Idaho. She advised that Mr. Felt's father would be buried tomorrow, February 15, 1964, in Twin Falls, Idaho. She did not know the name of the funeral parlor or its location but she gave the Felt address as 160 Ninth Avenue, North, Twin Falls, Idaho; telephone number direct dialing - 208-733-4754.

I expressed the sympathies to Mrs. Felt for the Bureau and told her she should tell Mr. Felt that he should take whatever time necessary in connection with this situation in order to handle his commitments. The Training Division is sending flowers.

## RECOMMENDATION:

For information.

1 - Mr. Callahan  
JJC:hcv  
(3)

Wire sent  
2-14-64  
puc

REC-142

67-276 576-350	
Searched	Filed
5 FEB 19 1964	

87  
3 11 64 1964

3  
Casper

February 13, 1964

AIRMAIL

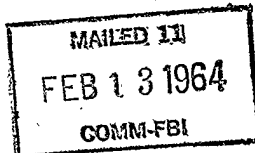
Mr. W. Mark Felt  
c/o Mr. Earl Felt  
160 Ninth Avenue, North  
Twin Falls, Idaho

FEB 13 4 40 PM '64  
REC'D-READING ROOM  
FBI

Dear Felt:

I am indeed sorry that it is necessary for  
your Father to be hospitalized, and hope that he is  
progressing satisfactorily.

Please extend to him my best wishes, and  
I want you to feel free to take all the time away from work  
that you desire in order to be with him.



Sincerely,

J. Edgar Hoover

1 - Mr. Casper (Personal Attention)

67-NOT RECORDED

SVL  
(4) *per*

Salutation obtained from Reading Room.

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

February 25, 1964

Mr. Tolson ✓  
Mr. Belmont ✓  
Mr. Mohr ✓  
Mr. Casper ✓  
Mr. Callahan ✓  
Mr. Conrad ✓  
Mr. DeLoach ✓  
Mr. Evans ✓  
Mr. Gale ✓  
Mr. Rosen ✓  
Mr. Sullivan ✓  
Mr. Tavel ✓  
Mr. Trotter ✓  
Tele. Room ✓  
Miss Holmes ✓  
Miss Gandy ✓

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

This is to express my appreciation for your very thoughtful letter and telegram concerning my father's death and for the beautiful flower spray which you sent.

Your thoughtfulness and kindness were greatly appreciated by me as well as by other members of my family.

It is gratifying to work for one who is so considerate of his employees.

Sincerely,

*W. Mark Felt*  
W. Mark Felt

*Dir's pers. note filed  
sent 2/13/64 re: father's  
illness + wire sent  
2/14/64 re: father's death.  
sent*

REC-133

67- 276 576- 351
Searched _____ Numbered 27
4 FEB 28 1964

~~EXP. PROC.~~

35 FEB 26 1964

MAR 3 1964

82

April 14, 1964

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

APR 14 3 55 PM '64  
REC'D-READING ROOM  
FBI

Dear Felt:

I am pleased to advise that your services for the period April 1, 1963, to March 31, 1964, have merited an Outstanding performance rating, which has been approved by the Efficiency Awards Committee of the Department. You may retain the copy of this rating which is enclosed.

I also am pleased to advise you that in recognition of this splendid accomplishment I have approved an incentive award for you in the amount of \$400.00. The check for \$344.00 which is enclosed represents the award less withholding tax. You have certainly earned this through the highly capable and dedicated fashion in which you have handled your heavy responsibilities and I want you to know that your valuable services are greatly appreciated.

REC-142  
Sincerely,  
J. Edgar Hoover  
67-276576-352  
Searched  
Numbered  
APR 15 1964

Enclosures (2) *nm*

1 - Mr. Casper (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 - [redacted] (Sent Direct) AED-DIB  
LRH:ej *ef* (5) Award #620-6490X

NOTE: Salutation per file.

Based on memo Mohr-Tolson 3/27/64.

DEC 13 1978

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

APR 20 1964

MAIL ROOM ☐ TELETYPE UNIT ☐

b6  
b7c

Mr. Tolson

3-27-64

J. P. Mohr

AUGUSTUS K. BOWLES III  
Number One Man - Inspector  
Identification Division

EUGENE W. WALSH  
Number One Man - Inspector  
Administrative Division

W. MARK FELT  
Number One Man - Inspector  
Training Division

ROBERT E. WICK  
Number One Man - Inspector  
Crime Records Division

FRANK W. WAIKART  
Number One Man  
Files and Communications Division

#### OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. Bowles, Felt, Walsh, Wick and Waikart in which their services have been rated Outstanding for the period 4-1-63 to 3-31-64. I have signed these ratings as the Reviewing Official.

In the event you approve these ratings, I respectfully request that the Director sign both the original and the copy of each of them as the Approving Official. Thereafter they must be submitted to the Deputy Attorney General in the Department for approval by the Efficiency Awards Committee. Upon approval of these ratings by the Committee, they will be returned to the Bureau and Messrs. Bowles, Felt, Walsh, Wick and Waikart will each be furnished a copy of his rating. They will also be entitled to cash incentive awards under the provisions of the Incentive Awards Plan. Messrs. Bowles, Felt, Walsh and Waikart are in Grade GS 16 and Mr. Wick is in Grade GS 17 thus they will be entitled to awards in the amount of \$400 as has been approved in the past for those below the level of Assistant Director who are in Grade GS 16 or above.

Should you agree with the foregoing, these ratings will be forwarded to the Department after 4-1-64, together with other Outstanding ratings.

#### RECOMMENDATION:

That the Director, as Approving Official, sign the original and the copy of the attached Outstanding performance ratings for Messrs. Bowles, Felt, Walsh, Wick and Waikart and upon approval of the ratings by the Efficiency Awards Committee of the Department they each be approved for an incentive award of \$400.

Enclosures

RRB:crt (6)

- DUPLICATE YELLOW**
- ① Personnel File of W. Mark Felt
  - 1 - Personnel File of Eugene W. Walsh
  - 1 - Personnel File of Robert E. Wick
  - 1 - Personnel File of Frank W. Waikart

APR 15 1964

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELTWhere Assigned: TRAINING DIVISION  
(Division) (Section, Unit)Official Position Title and Grade: NUMBER ONE MAN - INSPECTORRating Period: from APRIL 1, 1963 to MARCH 31, 1964ADJECTIVE RATING: OUTSTANDING  
Outstanding, Excellent, Satisfactory, Unsatisfactory Employee's Initials

Rated by:	<u>J. J. Casper</u> Signature	<u>Assistant Director</u> Title	<u>4-1-64</u> Date
Reviewed by:	<u>J. E. Hoover</u> Signature	<u>Assistant to the Director</u> Title	<u>4-1-64</u> Date
Rating Approved by:	<u>J. E. Hoover</u> Signature	<u>Director</u> Title	<u>4-1-64</u> Date

TYPE OF REPORT

☒ Official  
☒ Annual

XEROX  
DEC 13 1978

67-276376-353  
 Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
 APR 16 1964 50  
☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

76  
APR 17 1964

3-1/11



**W. MARK FELT  
NUMBER ONE MAN - INSPECTOR  
TRAINING DIVISION**

As Number One Man of the Training Division, Mr. Felt has continued to discharge his responsibilities in a superior manner and is definitely deserving of an Outstanding rating for the period April 1, 1963, to March 31, 1964.

Mr. Felt presents a most impressive appearance and possesses a dynamic personality which qualities are of vital importance in his contacts with law enforcement officials throughout the country. As a result of his extensive knowledge of training matters, Mr. Felt has continued to initiate new ideas to increase the effectiveness of our over-all training programs and his efforts have certainly enhanced the prestige of the Bureau. An accomplished speaker, he has capably represented the FBI on numerous occasions and has remained ever alert to protect its best interests.

During his more than twenty-two years of devoted service, Mr. Felt has gained a wealth of invaluable experience along both investigative and administrative lines, which enables him to quickly analyze problems and reach proper conclusions. He is gifted with profound judgment and good common sense and is able to perform at peak efficiency for extended periods, even under the most severe strain. Intensely enthusiastic and loyal, Mr. Felt has given freely of his own time in order that the obligations of the Bureau might be met more efficiently and the splendid record of accomplishments obtained can be attributed in part to his material contributions.

Mr. Felt is a dedicated executive who has served the Bureau in a most creditable fashion during the past year and has most assuredly earned this Outstanding rating.

**XEROX**  
**DEC 13 1978**

Mr. Tolson	✓
Mr. Belmont	✓
Mr. Mohr	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	
Mr. DeLoach	
Mr. Evans	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

April 15, 1964

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

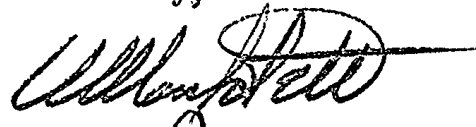
This is to thank you for your kind letter of April 14, advising that my services during the past year had been rated as outstanding. Words simply can't express my appreciation and gratification.

I am also appreciative of the incentive award which accompanied your letter. Believe me,   
 this will certainly come in handy.

b6  
b7c

I want you to know that I will continue to express my appreciation by endeavoring to perform my responsibilities in a manner which will be consistent with the high standards of this fine organization.

Sincerely,

  
W. Mark Felt

REC-117

~~EXP. PROC.~~

~~APR 16 1964~~ 33

61- 276576-354	
Searched	Indexed
8 APR 23 1964	

8 APR 30 1964

3/10/64

August 24, 1964

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

I want you to know of my appreciation for the splendid quality of your services in regard to the 1964 Retraining Session of the Texas Chapter of the National Academy Associates held in Laredo, Texas, August 12-15, 1964.

You were certainly very effective in presenting your particular part in this program whereby you displayed much ability, skill and competence. The contributions you made were of the finest caliber and were of immeasurable value in the successful outcome of this session. Your devotion to and interest in the Bureau are evident in the noteworthy manner in which you performed and I want to commend you.

Sincerely,

J. Edgar Hoover

1 - Mr. Casper (Personal Attention)

1 - Mr. M. A. Jones (Sent Direct)

1 - [redacted] (Sent Direct)

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

NJK

(6)

67-276576

DEC 13 1978

Based on San Antonio letter 8-18-64 and addendum of Assistant Director J. J. Casper 8-21-64.

NOTE: Salutation per file.

MAIL ROOM ☐ TELETYPE UNIT ☐

Aug 24 2 34 PM '64  
REC'D-READING ROOM  
FBI

b6  
b7C

REC-143

67-276576-355	
Searched	Numbered
AUG 23 1964	

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

7-1-64

I certify that I have received the following Government property for official use:

~~XXXXXX~~

D. C. OFFICIAL PARKING PERMIT #3019 ✓  
expires 6-30-65

RETURNED

D. C. OFFICIAL PARKING PERMIT  
expires 6-30-64 (Pink)

✓ detached  
JW

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.  
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

Very truly yours FILE  
31

(Signature)

(Typed name) W. Mark Felt

67-1

7 SEP 1964

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

6/18/64

I certify that I have received the following Government property for official use:

~~XXXXXX~~

COPY #2 OF TRAINING GUIDE #3, "BANKRUPTCY INVESTIGATIONS"

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-100-100000

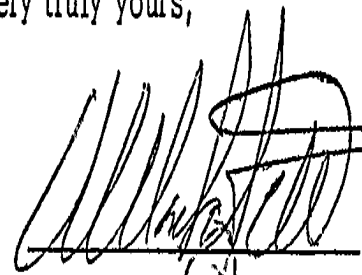
8 JUL 10 1964

FILE

3/ dsh

Very truly yours,

(Signature)



W. MARK FELT

(Typed name)



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>5-5-64</u>	<u>TWO</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>MRS AUDREY R. FELT</u>	<u>WIFE</u>

Address
<u>1208 MARKET COURT FAIRFAX, VIRGINIA</u>

Name
[Redacted]

Address
[Redacted]

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>SAME</u>	

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>SAME</u>	

Address

Very truly yours,

Payment Received  
Special Agents Insurance Fund

MAY 6 1964

J. Edgar Hoover, Director

[Signature]  
Special Agent

70

3-ecd

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

4/23/64

I certify that I have received the following Government property for official use:

~~xxxxxxx~~  
returned

Copy #2 of Training Document #68, "Audio-Visual Aids in Police Training"

FILE

3-M

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

35

PER dlk

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

67-NOT RECORDED

3 MAY 1 1964

November 10, 1964

*W. J. Walsh*  
*W. J. Davidson*

Mr. J. Edgar Hoover  
Federal Bureau of Investigation  
Washington, D. C.

Dear Sir:

It is noted from the report  
that you are being contacted  
regarding in charge of the Inspection  
Division, and as stated in your  
letter, collected from the Department  
of the State.

Sincerely,

J. Edgar Hoover

REC-139

1 - [redacted]  
1 - [redacted]  
1 - [redacted]

61-276576-356  
NOV 17 1964

b6  
b7C

*Leah*  
*sjh (6)*  
*W*

NOV 13 1964

NOV 13 1964

*PM*

- Tolson \_\_\_\_\_
- Belmont \_\_\_\_\_
- Mohr \_\_\_\_\_
- DeLoach \_\_\_\_\_
- Casper \_\_\_\_\_
- Callahan \_\_\_\_\_
- Conrad \_\_\_\_\_
- Evans \_\_\_\_\_
- Gale \_\_\_\_\_
- Rosen \_\_\_\_\_
- Sullivan \_\_\_\_\_
- Tavel \_\_\_\_\_
- Trotter \_\_\_\_\_
- Tele. Room \_\_\_\_\_
- Holmes \_\_\_\_\_
- Gandy \_\_\_\_\_

49

NOV 13 1964

MAILED 6  
NOV 13 1964  
COMM-FBI

MAIL ROOM ☐ TELETYPE UNIT ☐

*1/5H*



Mr. Tolson ✓  
 Mr. Belmont ✓  
 Mr. Mohr ✓  
 Mr. DeLoach ✓  
 Mr. Casper ✓  
 Mr. Callahan ✓  
 Mr. Conrad ✓  
 Mr. Evans ✓  
 Mr. Gale ✓  
 Mr. Rosen ✓  
 Mr. Sullivan ✓  
 Mr. Tavel ✓  
 Mr. Trotter ✓  
 Tele. Room ✓  
 Miss Holmes ✓  
 Miss Gandy ✓

November 16, 1964

Mr. John Edgar Hoover  
 Director  
 Federal Bureau of Investigation  
 Washington, D. C.

Dear Mr. Hoover:

I want to again thank you for designating me as Inspector in Charge of the Inspection Division. This is a challenging assignment and you can be sure of my whole-hearted efforts to discharge my new responsibilities along the lines you indicated in our conversation.

More than anything else, I am pleased and gratified to be working under a man of your stature and high place in history.

May I also take this opportunity to congratulate you on having been selected to receive the "Sword of Loyola." This is another well deserved recognition for a truly outstanding public service.

Respectfully,

*W. Mark Felt*  
 W. Mark Felt

REC-101

67-276576-357  
 Nov 20 1964

49  
 9 NOV 25 1964

#2  
**REPORT OF MEDICAL EXAMINATION**

**FBI**  
88-106

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Felt, W. Mark</i>			2. GRADE AND COMPONENT OR POSITION <i>Inspector</i>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <i>ANNUAL</i>		6. DATE OF EXAMINATION <i>10-20-64</i>	
7. SEX <i>M</i>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY      CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <i>8-17-13</i>		13. PLACE OF BIRTH <i>Twin Falls, Idaho</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>NNMC</i>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

*Copy 07EC  
12-17-74  
my*

REC-144  
67-276576-358  
NOV 1 1964

*2 ENCLOSURE*  
*3/wsh*  
(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth /—Nonrestorable teeth								X—Missing teeth XXX—Replaced by dentures				(6 X 8)—Fixed bridge, brackets to include abutments						Type 3 Class 1 No defects noted	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L		
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E		
G	X																		
H																			
T																	T		

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.015</i>		46. CHEST X-RAY (Place, date, film number and result) <i>30-873-64 Normal</i>	
B. ALBUMIN <i>neg.</i>		D. MICROSCOPIC <i>neg.</i>	
C. SUGAR <i>neg.</i>		48. EKG <i>WNL</i>	
47. SEROLOGY (Specify test used and result) <i>7 DECS 1002 neg.</i>		49. BLOOD TYPE AND RH FACTOR	
		50. OTHER TESTS	

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72 1/2	52. WEIGHT 173	53. COLOR HAIR Lt. Brown	54. COLOR EYES Blue	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING	SYS. 120 DIAS. 70	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 84	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
59. DISTANT VISION			60. REFRACTION			61. NEAR VISION				
RIGHT 20/50 CORR. TO 20/20			BY lens S. OX			CORR. TO 20/12 BY lens				
LEFT 20/20 CORR. TO 20/20			BY lens S. OX			CORR. TO 20/10 BY lens				
62. HETEROPHORIA (Specify distance)										
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	CT	PC	PD		
63. ACCOMMODATION			64. COLOR VISION (Test used and result)			65. DEPTH PERCEPTION (Test used and score)			UNCORRECTED	
RIGHT LEFT			1940 AOC 18/15						CORRECTED	
66. FIELD OF VISION			67. NIGHT VISION (Test used and score)			68. RED LENS TEST			69. INTRAOCULAR TENSION	
70. HEARING			71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV 15 /15 SV 15 /15			250 258 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192							
LEFT WV 15 /15 SV 15 /15			RIGHT							
			LEFT							
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY										

OK w/v

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)


EXCELLENT

b6  
b7C

*SPECIAL AGENT FBI* ☒ RIGHT HANDED ☐ LEFT HANDED

ENCLOSURE

67-276576-558




YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

#33 HETPHADOPHY AGE 36  
 SIHUS AGE 16  
 ABDOMINAL BURST AGE 40

#34 TYPHOID FEVER AGE 5

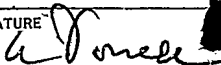
b6  
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
 I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE <b>W. MARK FERT</b>	SIGNATURE 
--	---

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

RCD

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER <b>Doyle</b>	DATE <b>10/26/64</b>	SIGNATURE 	NUMBER OF ATTACHED SHEETS <b>1</b>
--	-------------------------	---	---------------------------------------

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee Felt, W. Mark  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
- Does examinee have any defects prohibiting safe operation of motor vehicles?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-276576-358

**ENCLOSURE**

# Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

W. Dancer  
 (Signature of Medical Examiner)

2005-64  
 (Date)

RECEIVED - ADMIN DIV  
 FBI  
 NOV 13 4 24 PM '64

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : Mr. Callahan

DATE: 11-12-64

FROM : C. R. Davidson *CRD/BA*

SUBJECT: W. MARK FELT  
Number One Man - Inspector  
Training Division  
EOD 1-26-42; GS-16, \$20,900

The following is a brief summary of Mr. Felt's record for the Director's use.

He entered on duty 1-26-42 and has served on general assignment in several field offices, as a supervisor in the Security Division and in the Training and Inspection Division, as ASAC in New Orleans and Los Angeles, and as SAC in Salt Lake City and Kansas City. He has been assigned to the Training Division since 10-22-62 as #1 Man and on 1-23-63 he was designated Inspector. He is in Grade GS-16 at \$20,900 per annum. He is 51 years of age, married and has 2 children.

He was rated OUTSTANDING on 3-31-64 and in recognition of his superior performance during this period, he received an INCENTIVE AWARD in the amount of \$400.00 by letter dated 4-14-64. He expressed appreciation to the Director for this award by letter dated 4-15-64. He was last COMMENDED by letter dated 8-24-64 for the splendid quality of his services in regard to the 1964 Retraining Session of the Texas Chapter of the National Academy Associates held in Laredo, Texas, August 12-15, 1964.

Mr. Felt was CENSURED AND PLACED ON PROBATION on 12-14-59 as a result of an inspection of the Kansas City Office in October, 1959 which disclosed several errors in cases under his supervision. He was serving as SAC at that time. He was REMOVED FROM PROBATION by letter dated 10-21-60. No administrative action has been taken against him since his assignment to the Training Division, 10-22-62.

He lists no offices of preference and his overtime performance is considered satisfactory.

The Director last saw him on 10-26-62 and commented he made an excellent personal appearance, seemed to be very enthusiastic about his new assignment and rated him above average. The Director stressed the importance of the Training Division's work and cautioned him about making statements before the classes of the Training Division which could be misinterpreted.

On 1-22-64 the Director congratulated him on his Twenty-Second Anniversary with the Bureau.

Enclosure - Permanent Brief  
FDH:prf (2)

*Memo Mr. Tolson  
12/16/64*

b6  
b7C

*THE*



The Director's personal note was sent to him on 2-14-64 on the passing of his father.

*me*  
*PM*

NOTIFICATION OF PERSONNEL ACTION

5 PART  
50-119

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>FELT, V. MARK (MR.)</b>		MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) <b>8-17-13</b>	4. SOCIAL SECURITY NO. <b>511-46-0048</b>
5. VETERAN PREFERENCE <b>1</b> 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER		6. TENURE GROUP		7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1—COVERED 2—INELIGIBLE 3—WAIVED		10. RETIREMENT 1—CS 2—FICA 3—FS 4—NONE 5—OTHER		11. (FOR CSC USE)	
12. CODE NATURE OF ACTION <b>REASSIGNMENT</b>		13. EFFECTIVE DATE (Mo., Day, Year) <b>12-31-64</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>	
15. FROM: POSITION TITLE AND NUMBER <b>Inspector 150</b>		16. PAY PLAN AND OCCUPATION CODE <b>GS 16</b>		17. GRADE OR LEVEL <b>GS 16</b>	
				18. SALARY <b>\$21,555 pa</b>	
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER <b>Inspector in Charge of Inspection Division 150</b>		21. PAY PLAN AND OCCUPATION CODE <b>GS 16</b>	22. GRADE OR LEVEL <b>GS 16</b>	23. SALARY <b>\$21,555 pa</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>Inspection Division Washington, D. C.</b>				

25. DUTY STATION (City—county—State)			26. LOCATION CODE	
27. APPROPRIATION <b>S. &amp; E. FBI</b>		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE <b>2</b> 2—EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2	

30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING  
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:  
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.

67-NO RECORDED  
14 DEC 17 1964

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <b>J. E. Hoover Director</b>	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <b>12-15-64</b>	
33. CODE <b>BF 69</b>	EMPLOYING DEPARTMENT OR AGENCY <b>FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D.C.</b>		

4. PERSONNEL FOLDER COPY

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE  FELL, PAUL	SOCIAL SECURITY NUMBER  511-46-2448
---	---

## NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION,		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE	12/ 4/67	12/ 9/67
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL GS-10	STEP OR RATE STEP 5	OLD SALARY \$20,750.00	NEW SALARY \$21,150.00

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		Yes	J. Edgar Hoover

☐

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED  
14 DEC 16 1967

J. Edgar Hoover

11/23/64  
(DATE)

JOHN EDGAR HOOVER  
DIRECTOR

PERSONNEL FILE COPY

December 16, 1964

MEMORANDUM FOR MR. TOLSON

On November 13, 1964, I saw Inspector W. Mark Felt, who has been promoted to be in charge of the Inspection Division. He was previously Number One Man in the Training Division. Mr. Felt makes a very excellent appearance and has had a good background of experience in the Bureau working in various field offices and has served as ASAC at New Orleans, Louisiana, and Los Angeles and as SAC at Salt Lake City and Kansas City, and when he was transferred to Washington, D. C., he was assigned as Number One Man in the Training Division.

I discussed with him the great importance of our inspection work and the need for penetrative and thorough inspections of our field offices. I stated I was not naming him as yet an Assistant Director, but if his work in charge of the Inspection Division warranted it and he made good in that Division, I would then promote him to an Assistant Directorship.

Very truly yours,

J. E. H.

John Edgar Hoover  
Director

SENT FROM D	99
TIME	2:52 PM
DATE	12/17/64
BY	J. E. H.

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

JEH:EDM (5)

*edm*

REC-139 67- 276576-360

Searched	Numbered
1 DEC 18 1964	

*MOHR*  
*THUR*

76  
9 DEC 23 1964  
MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. CALLAHAN

DATE: 12/15/64

FROM : W. MARK FELT *W. Mark Felt*

SUBJECT:

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

b6  
b7C

This is to advise that I reported to the Inspection Division on Monday, December 14, 1964, on transfer from the Training Division. Today, December 15, 1964, I assumed my duties as Inspector in Charge of the Inspection Division.

WMF:wmj  
(4)

1 - Movement Unit

*Previously  
handled  
12/16/64  
JH*

*12/16/64  
JH*

REC-139

67-276576-361	
Searched	Numbered
1 DEC 21 1964	

*76*  
9 DEC 23 1964

January 26, 1965

PERSONAL

Dear Felt:

I wanted to take this means of extending my congratulations and best wishes to you on your Twenty-third Anniversary in the Bureau. May this be an enjoyable occasion for you, and I hope the Bureau will have the benefit of your services for many years.

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Anniversary 1/26 - Tuesday  
JEH:edm (3)

REC-139

67- 276576 - 362
Searched _____
Numbered _____
1 JAN 26 1965

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

SENT FROM D. O.
TIME 9:07 AM
DATE 1-26-65
BY [signature]

Name: W. Mark Felt

Title: Inspector (#1 Man)

EOD: 1/26/42

Grade: GS-16 at \$20,900

Veteran: No

Not on Probation

ASSISTANT DIRECTOR J. J. CASPER  
(JJC:hcv 12/2/64)

This personnel write-up is  
submitted on Inspector Felt  
who has served since the

last inspection as the Number One Man of the Training Division. Mr. Felt makes a superior impression. He has an excellent personality and has always displayed an outstanding attitude toward his work. He has contributed to the achievements of the Training Division. During prolonged periods of my absence in connection with the direction of official investigations outside of the Seat of Government, he has been in charge of the division and has done an exemplary job. Mr. Felt has been commended by the Director and by police officers for his outstanding ability as a lecturer and speaker. He has demonstrated a keen analytical ability. He has closely followed on all of his assignments to see that they are handled promptly and properly. He received an outstanding performance rating in his annual performance rating and was given an incentive award in the amount of \$400. He shares in all the commendations of the Training Division for his valuable service rendered since the last inspection.

Rating: Excellent

INSPECTOR L. M. WALTERS:  
(LMW:wmj 1/11/65)

For comments of Inspector see  
memorandum W. M. Felt to  
Mr. Tolson dated December 18, 1964,

captioned, "Inspection - Training Division; Inspector L. M. Walters,  
11/30 - 12/11/64."

TRAINING DIVISION INSPECTION

12/2/64

JJC:hcv

57  
37-1000-1000-1000  
7 JAN 13 1965

31

1072  
3-278

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 12-22-64

I certify that I have ☐ received ☒ returned the following Government property for official use:

Manual of Instructions #9365 ✓

Manual of Rules & Regulations #137 ✓

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours, *W. Mark Felt*

(Signature)

(Typed name)

W. Mark Felt

FILE



RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

12-21-64

I certify that I have received the following Government property for official use:

~~XXXXXX~~

U.S. D. J. GARAGE PARKING PERMIT, SPACE 8

RETURNED

ALTERNATE U.S. D. J. GARAGE PARKING PERMIT, SPACE 11

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

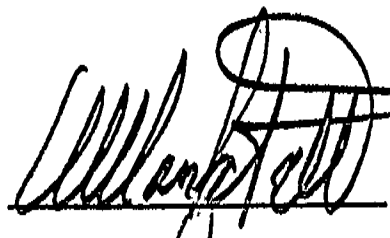
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

FILE

31 DRS

(Written  
Signature)



(Typed  
Signature)

W. Mark Felt

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

December 15, 1964

I certify that I have received the following Government property for official use:

~~XXXXXX~~

Manual of Instructions 5827 ✓  
Position Classification Manual 31 ✓  
Rules and Regulations 975 ✓  
Defense Plans Manual 118 ✓  
Manual for Bureau Supervisors 423 ✓  
Foreign Operations Policy Manual 17 ✓

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

5 DEC 23 1964

Very truly yours,

FILE

31

(Signature)

(Typed name)

W. Mark Felt

MR. TOLSON

December 18, 1964

W. MARK FELT

INSPECTION - TRAINING DIVISION

INSPECTOR L. M. WALTERS

11/30 - 12/11/64

SYNOPSIS

Officials: Assistant Director Joseph J. Casper in charge of Division since 9/26/62; Inspector W. Mark Felt Number One Man since 10/22/62.

Physical Condition and Maintenance - Very Good (Last Inspection - Very Good).

Division occupies space in Justice Building, Old Post Office, Quantico and Midland and Sowego Radio Stations. Space and furnishings adequate, secure, efficiently arranged and well maintained. Minor housekeeping delinquencies ordered corrected. Quantico ranges and radio stations exceptionally well maintained. Construction phase nearing completion of new fallout-protected underground communications facility at Quantico Academy; expected to be fully operable by deadline date 7/1/65. Saving of time and related costs achieved by construction of test range in Academy basement. Noteworthy improvements in appearance of classrooms and offices Old Post Office since last inspection. Improvement of inadequate lighting conditions in 2 classrooms suggested and disposition ordered of unneeded and unused furniture and fixtures stored at Quantico. 8 of 14 Quantico vehicles inspected - in very good condition; no safety defects. Fleet adequate but not excessive.

Specific Division Operations - Very Good (Last Inspection - Very Good). Division responsible for Bureau-wide training programs. New Agents training curricula undergoing continuous revision for updating and improvement; since last inspection, substantial increase in use of visual aids and greater emphasis on practical preparation Bureau communications. 312 new Agents trained fiscal 1964; through 11/30/64, 226 had been trained or were in training. Value of In-Service training enhanced by greater variety of types of schools - 11 different types in fiscal 1963; 18 in fiscal 1964; 11 through first 5 months fiscal 1965. From analysis of In-Service curricula, scheduling and of optimum utilization of all facilities at Quantico, Inspector recommended changes whereby for approximately one third of In-Service classes held annually, one additional day scheduled at Quantico appears feasible at annual per diem savings of approximately \$6,700; Assistant Director plans to expend every effort to accomplish with forthcoming classes. Revisions of National Academy (NA) curricula incorporated topics of timely interest. More comprehensive investigative procedures (both in U. S. and abroad) for foreign NA applicants instituted since last inspection. Police training schools intensified

Enclosure

1 - Mr. Callahan (Attention Mr. C. R. Davidson) (Sent Separately)

1 - Personnel Files Joseph J. Casper and W. Mark Felt, Henry L. Sloan, Harold K. Light

LMW:bhg

(8)

NOT RECORDED  
1 DEC 29 1964

139

Memorandum to Mr. Tolson.  
Re: Inspection - Training Division.

since last inspection with steadily mounting increase in schools held and total attendance. Division alert to participation in training programs of merit in colleges and universities, and closely following state legislation for training programs to protect Bureau interests. Stenographic training and management of Suggestion Program effective. Number of adopted suggestions (340) and tangible savings (\$43,900) increased over prior year (317 and \$41,000, respectively). 3 training documents published since last inspection and 4 more in various stages of preparation. Physical training program, Legal Research Desk, Forms Management Desk and Manuals Desk being operated in highly satisfactory manner.

Administrative Operations - Very Good (Last Inspection - Very Good). Supervisory and administrative assignments within Division, including those at Quantico, equitably shared and efficiently organized. Adequate administrative checks made to assure efficient operations. Continued economy stressed. Chief Clerk's Office, Quantico functioning efficiently. Division's stenographic production (3.11 pages per hour) and typist production (2.97) both above applicable over-all SOG averages (2.72 and 1.79, respectively). Retyped pages low at 3.72% (SOG average 8.34%). Minor errors in registers at Quantico ordered reduced; none affecting fringe benefits. Assistant Director concurred with Inspector's streamlining suggestions affecting (1) accumulation of certain time and attendance data at SOG; (2) tickler procedures on Suggestion Desk; (3) firearms records at Quantico; and (4) accounting procedures applicable to funds at Quantico. Of 13 errors in communications since last inspection, 9 detected within Division; Assistant Director instructed to reduce such errors to minimum.

Personnel Matters - Very Good (Last Inspection - Very Good). 33 Agents, 53 clerical employees and 13 maintenance (Wage Board) employees presently assigned to Division are adequate but not excessive. Assistant Director instructed to evaluate need for 2 Agent instructors temporarily assigned as soon as number of new Agent classes predictable (by mid-January, 1965) and fully justify if continued assignment sought beyond 2/1/65. Analysis of work in SOG stenographic pool indicated an existing stenographic vacancy need not be filled and another such vacancy to occur 12/18/64 can more practically be filled by clerk-typist; Assistant Director concurred. Voluntary overtime productive, essential and equitably shared. No Agents overweight, on probation, unavailable or on limited duty. One maintenance employee on probation - continuation justified (handled separately). Odd-hour shifts justified. Spot audit of positions disclosed one not current; Assistant Director instructed to update. Strong participation by Division employees in Suggestion Program with 21 submitted and 11 adopted since last inspection; contributions to Investigator excellent. Steady increase since last inspection in employee commendatory matters, with 50 letters of commendation, 16 quality salary increases and 6 incentive awards. Excellent indoctrination program for new employees and counsellors. Morale appears very high.

**Memorandum to Mr. Tolson**  
**Re: Inspection - Training Division**

**Contacts - Excellent (Last Inspection - Excellent).** Extensive liaison contact program being maintained by Division; 4 developed since last inspection. Expanding public speaking program with 18 given 1963 (6 by Assistant Director) and 30 for first 11 months of 1964 (9 by Assistant Director). Liaison with International Association of Chiefs of Police (IACP) and Canadian Association of Chiefs of Police (CACP) handled by Assistant Director who is member of IACP Executive Committee and was elected to honorary membership in CACP during past year. Liaison with leading professional accounting groups excellent. Relations with Marine Corps officials at Quantico outstanding; all such officials contacted by Inspection Staff expressed high regard for Director, Bureau and Academy personnel.

### **RECOMMENDATIONS**

1. Assistant Director Joseph J. Casper, EOD 1/6/41, GS-18, at \$24,500, nonveteran, Assistant Director since 9/26/62, 46 years of age. Mr. Casper makes an outstanding personal appearance, is an extremely impressive speaker and has a warm personality which enables him to readily make friends in the field of law enforcement. Mr. Casper is enthusiastic, intensely interested in his job and the improvements found in many areas of the work of the Training Division since the last inspection are believed directly attributable to his leadership and guidance. It is recommended that Mr. Casper be continued as Assistant Director and that the attached letter advising of the results of the inspection be sent.

2. W. Mark Felt, Number One Man, EOD 1/26/42, GS-16 at \$20,900, non-veteran, Number One Man since 10/22/62, 51 years of age. Assistant Director Casper advised Inspector Walters that Mr. Felt makes an outstanding personal appearance; is a dedicated, conscientious, career employee; has performed in an extremely competent fashion in the Training Division; and has worked closely with him in all aspects of policy determination and supervisory responsibility of the Division's work. Since the close of the current inspection, Mr. Felt has been designated Inspector in Charge of the Inspection Division.

**Memorandum to Mr. Tolson**  
**Re: Inspection - Training Division**

3. SAC Henry L. Sloan, Quantico, Virginia, EOD 4/15/35, GS-16 @ \$22, 210, nonveteran, SAC since 3/28/54, 57 years of age. Mr. Sloan makes an excellent personal appearance, is in good health and has no plans to retire. He is extremely conscientious and is operating the Academy and other facilities at Quantico in a highly satisfactory manner. He is an excellent public relations man who has established outstanding relations with Marine Corps officials at Quantico. It is recommended that he be continued as SAC at Quantico.

4. ASAC Harold K. Light, Quantico, Virginia, EOD 7/12/48, GS-15 @ \$17, 600, veteran, ASAC since 7/30/57, 43 years of age. Mr. Light makes an excellent personal appearance and is an enthusiastic and conscientious career employee. He works closely with SAC Sloan and shares equitably in the administrative and supervisory responsibilities at Quantico. It is recommended that he be continued as ASAC at Quantico.

5. Recommendations concerning other personnel being handled separately.

Memorandum to Mr. Tolson  
Re: Inspection - Training Division

DETAILS

**PHYSICAL CONDITION AND MAINTENANCE . . . . . VERY GOOD**

Division occupies space in Justice Building, Old Post Office and Quantico (Academy, Range and Midland and Sowego Radio Stations). During peak loads of training, additional classrooms used in Identification Building and Old Post Office. Portion of Academy space at Quantico being utilized for storage of communications equipment for use in Buplans operation. This space will be recovered upon completion of construction project extending Academy area under ground level to provide housing and facilities protected from radiation fallout for high-speed communications and coding equipment in connection with Interagency Communications System Development Plan. Construction phase, under supervision of Public Works Office, U. S. Marine Corps (USMC), now nearing completion and installation of communications and technical equipment, under supervision of Defense Communications Agency, expected to be completed by deadline date of 7/1/65.

Space and furnishings of Division adequate, secure, efficiently arranged and well maintained. Since last inspection, noteworthy improvement in classrooms and offices at Old Post Office by painting and by replacement of old equipment and broken floor tiles. No room for expansion except at Quantico where 35 acres adjacent to FBI Range designated (without formal commitment) on USMC Master Development Plan for future expansion of FBI, if needed. Minor housekeeping delinquencies ordered corrected. Improvement of inadequate lighting conditions in two classrooms suggested and disposition ordered of unneeded and unused furniture and fixtures stored at Quantico. Ranges excellently maintained and improved since last inspection with construction of new skeet houses. Test range constructed at Academy in past year has resulted in saving of time and related costs attending test firing of weapons. Radio stations excellently maintained.

Of 14 items of automotive equipment (automobiles, buses and trucks) assigned Quantico, 8 (all 4 years or more old) inspected and found to be generally in very good condition; no safety defects. Number of vehicles assigned Quantico adequate, not excessive. Firearms, photographic, technical and radio equipment properly accounted for in spot check of inventory. All requests for equipment pending by Division justified.

**SPECIFIC DIVISION OPERATIONS . . . . . VERY GOOD**

Training Division responsible for supervision of over-all training program throughout the service. New Agents training curricula undergoing continuous revision for updating and improvement; since last inspection, substantial increase effected of

Memorandum to Mr. Tolson  
Re: Inspection - Training Division

use of visual aids and greater emphasis placed on practical preparation of reports and other common Bureau communications. 312 new Agents trained during fiscal year 1964; through 11/30/64, 226 more had been trained or were in training. 20 new Agents selected at random from classes nearing completion interviewed by Inspection Staff and found to be well indoctrinated and to have a sound basic knowledge of Bureau's work. Similar results have been found during current year in Inspectors' interviews of new Agents in the field.

Value of In-Service training since last inspection enhanced by specialized schools covering greater variety of subject matters; 18 different types of In-Service schools held in fiscal 1964 compared to 11 in fiscal 1963; 11 through first 5 months of fiscal 1965. Greater utilization of seminars and practical problems achieved in In-Service curricula and new firearms courses developed. Training Committee functioning effectively and approves or disapproves all In-Service curricula, as well as substantive changes in new Agents and National Academy curricula. During inspection audits made of classroom instruction of 5 new Agents and 2 In-Service classes indicated programs are well prepared, interesting and informative; instructors highly capable.

From analysis of In-Service curricula scheduling and of optimum utilization of sleeping, classroom, dining and range facilities at Quantico, Inspector recommended changes whereby for approximately one third of In-Service classes held annually, an additional day scheduled at Quantico appears feasible at annual per diem savings of approximately \$6,700. Assistant Director plans to expend every effort to accomplish this with forthcoming In-Service classes.

Stenographic training provided 353 Bureau employees since last inspection (154 attended Procedures Class, 53 Basic Shorthand Class and 146 Advanced Shorthand Class). 57 Indoctrination Classes for new clerks held in fiscal 1964 with 1,853 new employees trained. Variety of stenographic training documents and textbooks completed during past year for use both at Seat of Government (SOG) and in the field.

Police training schools (4,163) and total attendance (117,275) increased in fiscal 1964 over the prior year (3,801 and 105,209, respectively). Through 11/30/64, 1,694 schools held with attendance of 46,345. 228 law Enforcement Conferences held in 1964 (258 in 1963) with substantial decline (42%) in agencies attending because of participation by banks in 1963 conferences. Increased and effective participation by Bureau in police training programs conducted by colleges and universities in selective situations meriting such participation. Training Division closely following all state legislation for mandated police training programs in order Bureau interests be protected. Revisions of National Academy (NA) curricula in 1964 incorporated topics of timely interest. 186 officers attended the 1964 sessions, including 12 foreign officers. More comprehensive investigative procedures (both in U. S. and abroad) for foreign NA applicants instituted since last inspection.



Memorandum to Mr. Tolson  
Re: Inspection - Training Division

Three training documents published since last inspection - additional one now in printing and three more in preparation; 68 published since inception of program and each updated as need arises. One new training film acquired since last inspection and four more now in production.

Management of Bureau-wide Suggestion Program excellent with suggestions being processed and acknowledged promptly. Although slight decline in suggestions submitted in fiscal 1964 (1,089) from prior year (1,141) increase achieved both in number adopted (from 317 to 340) and in tangible savings (from \$41,000 to \$43,900).

Physical training program, Legal Research Desk, Forms Management Desk and Manuals Desk being operated in highly satisfactory manner:

**ADMINISTRATIVE OPERATIONS : : : : : VERY GOOD**

Division composed of front office to which Assistant Director and Number One Man assigned and Quantico where SAC and ASAC assigned. Radio stations at Sowego and Midland also under administrative control of Division and are the specific administrative responsibility of SAC, Quantico. Supervisory and administrative assignments within Division equitably shared and efficiently organized:

Assistant Director and Number One Man close to operations of Division and working as a team. Adequate administrative checks being made to assure efficient Division operations. Use of clerical employees to handle field forms, suggestions and manual revisions fully justified and clerical work evenly distributed. Continued economy stressed.

Chief Clerk's Office, Quantico functioning efficiently and closely supervised by SAC. Supervisory duties equitably divided between SAC and ASAC at Quantico; ASAC participating substantially in instruction to new Agents and in specialized schools: Stenographic and typist production at Quantico high at 3.61 pages per hour. Division's stenographic production (3.11 pages per hour) and typist production (2.97) both above over-all applicable SOG averages (2.72 and 1.79, respectively). Retyped pages low at 3.72% (SOG average 8.34%). Time and attendance records and registers generally being kept in accordance with Bureau regulations. Minor errors detected in registers at Quantico (none affecting fringe benefits); ordered reduced. Streamlining procedure suggested for accumulation of certain time and attendance data at SOG.

Buplans and related supplies and equipment maintained at Quantico current. All personnel cognizant of emergency duties. Inspector's suggestions to curtail unnecessary retention of certain firearms records at Quantico and to streamline tickler

Memorandum to Mr. Tolson  
Re: Inspection - Training Division

procedures on Suggestion Desk concurred with by Assistant Director. Funds maintained at Quantico accounted for by audit and Inspector's suggestions for more efficient accounting controls adopted. Since last inspection, Division has prepared or assisted in preparation of 17 Law Enforcement Bulletin articles. Of 13 errors in communications since last inspection, 9 detected within Division and 4 outside Division; Assistant Director instructed to reduce such errors to minimum.

**PERSONNEL MATTERS . . . . . VERY GOOD**

33 Agents assigned to Division (22 at SOG; 11 at Quantico). Two Agent instructors for new Agent classes temporarily assigned Division until 2/1/65 for fall and winter peak training load. Assistant Director plans to evaluate further need mid-January, 1965, when number of new Agent classes predictable for forthcoming months - instructed to fully justify any proposed continuation of these temporary assignments beyond 2/1/65.

53 clerical employees assigned to Division - 26 at SOG, 5 at Quantico and 22 at the Midland and Sowego Radio Stations. 13 maintenance employees (Wage Board), of which 11 at Quantico. Analysis of work in SOG stenographic pool disclosed that an existing stenographic vacancy need not be filled and that another stenographic vacancy to be created 12/18/64 can more practically be filled by clerk-typist; Assistant Director concurred. Present complement of Agent and clerical personnel believed adequate, but not excessive.

Voluntary overtime has ranged between 2' 13" and 2' 36" each month in 1964; productive, essential and equitably shared. No Agents assigned to Division overweight, on probation, unavailable, or on limited duty. One maintenance employee on probation - continuation of such status justified (handled separately).

Weekly Division conferences of all Agent and clerical supervisory personnel have comprehensive agenda and are excellently directed and informative. All Agents assigned to Division and representative number of Agents attending new Agent classes contacted within one hour on availability check. Odd-hour shifts justified. Spot audit of positions disclosed one not current and Assistant Director instructed to make comprehensive review and update. 100% membership in FBIRA. Flower Fund maintained in accordance with Bureau regulations. Division recreation activities excellent, as are submissions to Investigator (26 since last inspection).

Steady increase since last inspection in employee commendatory matters, with 50 letters of commendation, 16 quality salary increases and 6 incentive awards. Strong participation by Division employees in Suggestion Program with 21 submitted and 11 adopted since last inspection. Excellent indoctrination program for new employees and counsellors. Morale appears very high.

Memorandum to Mr. Tolson  
Re: Inspection - Training Division

CONTACTS . . . . . EXCELLENT

Extensive liaison contacts being maintained by Division; 4 developed since last inspection. Expanding public speaking program with 18 given in 1963 (6 by Assistant Director) and 30 for first 11 months of 1964 (9 by Assistant Director). In addition, 14 lectures and other appearances before outside groups by Assistant Director in 1963 and 14 for first 11 months of 1964. Liaison with International Association of Chiefs of Police (IACP) and Canadian Association of Chiefs of Police (CACP) handled by Assistant Director who is member of IACP Executive Committee and was elected to honorary membership in CACP during last year. Training Division liaison with leading professional accounting groups excellent and has resulted in preparation of articles concerning FBI in widely-distributed professional journals each year since 1960. Relations with USMC officials at Quantico are outstanding; all such officials contacted by Inspection Staff expressed high regard for Director, Bureau and Academy personnel.

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : DIRECTOR

DATE: 3/19/65

FROM : CLYDE TOLSON

SUBJECT: W. MARK FELT  
INSPECTOR IN CHARGE  
INSPECTION DIVISION  
EOD 1/26/42  
GS 16 - \$21,555

I would like to recommend that Inspector Felt be designated as Assistant Director and promoted to Grade GS17. Mr. Felt's Number One Man, Inspector Edwards, is presently in Grade GS17.

Mr. Felt has been Inspector in Charge of the Inspection Division since 12/14/64 and I have personally followed on his progress. He has demonstrated the ability to capably run the division and I believe he is handling all of his assigned responsibilities in an excellent manner.

PERMANENT BRIEF OF FILE ATTACHED

WET:DSS

*Spec. Salutation  
per Reading Room  
sc*

*OK  
H*

*Letter to ff  
prep  
3-19-65  
sjh*

*movement & CRD  
advised  
sls*

REC-133

67-276576-363	
Searched	56

MAR 25 1965

*3/pls*

Field Firearms Training Record  
FD-40 (Rev. 12-11-59)

Special Agent

W. MARK FELT

Office	Date	Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT		
	Day-Month-Year								Rifle	MG			
KC	7-12-60	262											
KC	13-1-61	265											
	7-2-61	277											
	4-5-61		92	93				100				/	
	29-6-61		100		92		✓					✓	
	9-61			95.2 <del>86.4</del>								✓	
	15-11-61		94		96		16					✓	
	11-61	264											
	12-61	269											
	1-62	263											
	2-62	273											
	24-5-62		100	96			18					-	
	21-6-62		96		94			✓				-	
	27-9-62		100	95				100				-	
	18-10-62		100				17					✓	
SOG	11-26-62	275											
SOG	1-14-63	260 <sup>mu</sup>											
SOG	1-14-63	251											
SOG	3-4-63	235											
SOG	8-23-63		96	90			17					✓	S
SOG	8-23-63	min	100	91				100				✓	S
SOG	1-6-64	289											
SOG	5-1-64	244											
SOG	5-1-64		96		91		15					✓	
SOG	5-1-64		98	93		100						✓	
SOG	5-14-64	269											

2079 REC  
12-17-74  
Ry

7-1-64  
Felt

67-NOT RECORDED

Felt MAR 2-1965

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION  
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1964 to MARCH 31, 1965

ADJECTIVE RATING: OUTSTANDING  
*Outstanding, Excellent, Satisfactory, Unsatisfactory*

Employee's  
Initials

Rated by: Clyde A. Tolson Associate Director 4-1-65  
Signature Title Date

Reviewed by: \_\_\_\_\_  
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4-1-65  
Signature Title Date

## TYPE OF REPORT

☒ Official  
☒ Annual

XEROX  
DEC 13 1978

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

REC-143

67-276576-364	
Searched	Numbered 22
1 APR 15 1965	

9 APR 16 1965

3-111

**W. MARK FELT  
ASSISTANT DIRECTOR  
INSPECTION DIVISION**

At the beginning of the rating period, Mr. Felt was assigned as Number One Man in the Training Division and on December 13, 1964, was designated Inspector-in-Charge of the Inspection Division. Because of his superior services he was promoted to the rank of Assistant Director on March 19, 1965, and his performance throughout the year definitely warrants the annual rating of Outstanding.

Mr. Felt is responsible for the conduct of penetrative inspections of the fifty-six field offices, ten Seat of Government divisions and all foreign installations and has centralized control over such matters. He has a most comprehensive knowledge of the Bureau's rules, regulations, policies, and procedures, and this, coupled with his keen perception of the functions of a field office, makes him ideally suited for his position. He is quick to detect and correct any deficiencies and to initiate changes in the best interest of the Bureau. His unerring judgment and superb reasoning power have enabled him to coordinate the activities assigned to him in a flawless manner. He is a strong administrator and sets a splendid example for his associates.

He presents a distinctive appearance, has a most affable personality, and his genuine enthusiasm makes him tremendously effective in his contacts. He has willingly assumed and most capably discharged his greatly increased responsibilities. The consistently dedicated endeavors of Mr. Felt throughout his career, and particularly during the past year, have played a vital role in the success achieved by the Bureau in handling our many obligations. His services during the period April 1, 1964, to March 31, 1965, have been of inestimable value and certainly justify this Outstanding rating.

— XEROX —  
DEC 13 1978

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

4-2-65

I certify that I have received the following Government property for official use:

~~returned~~  
~~xxxxxxx~~

New Commission Card with case # 29 ✓

Assistant Director

RETURNED:

Old Commission Card with case # 78 ✓

Inspector

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED

6 APR 5 1965

FILE

3/ ali

Very truly yours,

(Written  
Signature)

*W. Mark Felt*

(Typed  
Signature)

W. Mark Felt



## PAST SAFE DRIVING RECORD CERTIFICATION

TO BE FILLED IN BY OPERATOR

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)

FELT W. MARK

DATE

3/22/65

DIVISION AND SECTION ASSIGNED

INSPECTION DIVISION

POSITION TITLE

ASSISTANT DIRECTOR

THIS IS TO CERTIFY THAT I PRESENTLY ☒ HOLD ☐ DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR DRIVER'S LICENSE.PERMIT ISSUED BY:  
(STATE, TERRITORY  
POSSESSION, DISTRICT)

VIRGINIA

PERMIT NUMBER

5H 119535

PERMIT EXPIRES

8.31.65

THIS IS AN UNRESTRICTED (~~RESTRICTED~~) PERMIT. (IF RESTRICTED, EXPLAIN BELOW)  
(STRIKE OUT ONE)THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSONALLY OWNED) APPROXIMATELY 25,000 MILES. DURING THIS TIME (A) I ☐ HAVE ☒ HAVE NOT RECEIVED A TRAFFIC VIOLATION TICKET; (B) I ☒ HAVE ☐ HAVE NOT BEEN HELD AT FAULT\* AS THE DRIVER OF A MOTOR VEHICLE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND DATES OF OFFENSES.

IN 1963 INVOLVED IN REAR END COLLISION - NO DAMAGE TO MY CAR - APPROXIMATELY \$20 DAMAGE TO OTHER CAR. I ADMITTED RESPONSIBILITY & MY INSURANCE CO PAID OFF

\* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.

*William Felt*  
SIGNATURE OF OPERATOR

TO BE FILLED IN BY REVIEWING OFFICIAL

NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL)

SMITH, CHARLES G.

POSITION TITLE

SA

DATE

3-30-65

THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:



CONTINUOUS SAFE DRIVING RECORD



INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT \*\*

I CERTIFY THAT THIS EMPLOYEE IS:



QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON OFFICIAL BUSINESS.



NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS.

REMARKS:

48  
67-NOT RECORDED  
8 APR 16 1965

\*\* "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.

*C. G. Smith*  
(SIGNATURE OF REVIEWING OFFICIAL)

(SIGNATURE OF REVIEWING OFFICIAL)



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <b>W. MARK FELT</b>	<b>2/17/65</b>	<b>INSPECTION DIVISION</b>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<b>Audrey R. Felt</b>	<b>Wife</b>

Address	
<b>1208 Musket Court, Fairfax, Virginia</b>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Payment Received  
Special Agents Insurance Fund

MAR 8 1965

J. Edgar Hoover, Director

Very truly yours,

William Felt  
 Inspector in Charge

3-ecd

NOTIFICATION OF PERSONNEL ACTION

5 PART  
50-119

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>FELT, W. MARK (MR.)</b>		MR.-MISS-MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) <b>8-17-13</b>	4. SOCIAL SECURITY NO. <b>511-46-0048</b>
5. VETERAN PREFERENCE <b>1</b> 1-NO 2-5 PT. 3-10 PT. DISAB. 4-10 PT. COMP. 5-10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1-COVERED 2-INELIGIBLE 3-WAIVED			10. RETIREMENT 1-CS 2-FICA 3-FS 4-NONE 5-OTHER		11. (FOR CSC USE)
12. CODE NATURE OF ACTION <b>PROMOTION</b>			13. EFFECTIVE DATE (Mo., Day, Year) <b>3-19-65</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>
15. FROM: POSITION TITLE AND NUMBER <b>Inspector in Charge of Inspection Division</b>			16. PAY PLAN AND OCCUPATION CODE <b>GS 16</b>		18. SALARY <b>\$21,555 pa</b>
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER <b>Assistant Director</b>		21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL <b>GS 17</b>	23. SALARY <b>\$22,945 pa</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>Inspection Division Washington, D. C.</b>				

25. DUTY STATION (City-county-State)			26. LOCATION CODE	
27. APPROPRIATION <b>S. &amp; L. III</b>		28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2-EXCEPTED SERVICE <b>2</b>	29. APPORTIONED POSITION FROM: TO: STATE 1-PROVED-1 2-WAIVED-2	

30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING  
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:  
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.

This promotion is temporary and will remain in effect only for the duration of present assignment.

67-NOT RECORDED  
27 MAR 30 1965

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <b>J. E. Hoover</b> Director	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <b>3-19-65</b>	
33. CODE <b>DJ 62</b>	EMPLOYING DEPARTMENT OR AGENCY <b>FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D.C.</b>		

4. PERSONNEL FOLDER COPY

REC-133

March 19, 1965

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

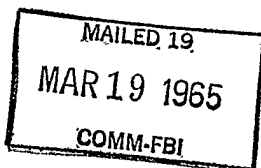
Dear Felt:

I am indeed pleased to advise you of your promotion to the position of Assistant Director, \$22,945 per annum in Grade GS 17, effective this date.

For your information, this promotion is temporary and will remain in effect only for the duration of your present assignment.

Sincerely,

J. Edgar Hoover



1 -   
1 - Movement  
1 -

Mar 19 5 18 PM '65  
REC'D-READING ROOM  
FBI

b6  
b7C

*LJR*

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

*sjh (5)*

*[Signature]*

*[Signature]*

*C.R.D.*

3  
MAR 23 1965

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

TO : The Director

DATE: 4-5-65

FROM : Mr. Tolson

SUBJECT: W. MARK FELT  
Assistant Director  
Inspection Division

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

## OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period 4-1-64 to 3-31-65. I have signed this rating as the Rating Official.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Approving Official. Thereafter it must be transmitted to the Department with other such ratings for approval by the Departmental Committee on Incentive Awards. Mr. Felt will then be entitled to a cash incentive award of \$500 as has been approved in the past for Assistant Directors and above.

### RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of the attached Outstanding performance rating for Mr. Felt and, upon approval by the Departmental Committee on Incentive Awards, he be furnished a copy of his rating and approved for a cash award of \$500.

Enclosures

RRB:crt  
(2)

REC-135

67-276576365	
Searched	Numbered
1 APR 15 1965	

W. MARK FELT

New York, New York  
April 15, 1965

Mr. Tolson	✓
Mr. Belmont	✓
Mr. Mohr	✓
Mr. DeLoach	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

Dear Mr. Hoover:

Thank you very much for your kind letter of April 14, 1965 advising that you have given me an Outstanding performance rating for the period of April 1, 1964 to March 31, 1965.

This recognition is extremely gratifying and I am deeply appreciative. I thank you also for the generous incentive award which is most pleasing.

I assure you that I will exert my maximum effort to insure my services will measure up to high Bureau standards.

Again, let me say thank-you.

Sincerely,

*W. Mark Felt*

W. Mark Felt

Honorable J. Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

REC-143

67- 276576-366  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
7 APR 30 1965

1

APR 22 1965

3-128

REC-135

April 14, 1965

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

It is indeed a pleasure to advise that you have been afforded an Outstanding performance rating covering your services for the period April 1, 1964, to March 31, 1965, which has been approved by the Departmental Committee on Incentive Awards. There is enclosed a copy of this rating which you may retain.

Also enclosed is a check representing an incentive award of \$500.00, which I have approved for you in recognition of your exceptional services. I have been very pleased with the superior manner in which you discharged your responsibilities, displaying splendid leadership. I do not want the opportunity to pass without expressing my sincere thanks.

MAILED

APR 14 1965

COMM-FBI

Sincerely,

J. Edgar Hoover

XEROX  
DEC 13 1978

Enclosures (2)

1 -   (Sent Direct)

LRH:dks

(4)

67-276576

Award #565-65

NOTE: Salutation per file.

Based on memo Tolson-Director 4-5-65.

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐

TELETYPE UNIT ☐

APR 14 11 28 AM '65  
REC'D-READING ROOM  
FBI

b6  
b7C

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. TOLSON

DATE: October 7, 1965

FROM : W. M. FELT

SUBJECT:

ASSISTANT DIRECTOR W. MARK FELT  
INSPECTION DIVISION

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

You will recall Mr. Felt was absent on sick leave Monday (October 4, 1965). He came into the office on Tuesday but obviously was not up to par and indicated that he still had some symptoms of what appeared to be flu. He did not feel well enough to come in Wednesday morning and is also out today.

A check this morning indicated he had seen the doctor Wednesday but was scheduled for some additional checks today. He called this afternoon and said that he has had the flu and also the doctor had suspected a touch of bursitis in his upper back for which he is scheduled to be x-rayed Friday morning (October 8, 1965).

Mr. Felt indicated that he plans to come into the office after his 11:00 AM x-ray appointment in the event he feels sufficiently improved. He indicated he is feeling much better now but was urged to give no thought to the office until he felt completely well.

## ACTION:

Information.

- 1 - Mr. Callahan
- 1 - Mr. W. E. Clark

HLE:wmj  
(4)

67-276576-367  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
7 OCT 18 1965

9 OCT 21 1965



RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 9/17/65

I certify that I have ☐ received ☒ returned the following Government property for official use:

COPY 2 OF EACH TRAINING DOCUMENT 1 THROUGH 68, EXCEPT 49 WHICH WAS TAKEN FROM  
INVENTORY LIST.

✓ COPY 2 OF TRAINING GUIDES 1 AND 3, "AUDITING STANDARDS IN THE FBI," AND "BANKRUPTCY  
INVESTIGATIONS"

✓ COPY 4 OF TRAINING GUIDE 2, "GUIDELINES FOR INSTRUCTORS AT SEAT OF GOVERNMENT"

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

FILE  
Very truly yours, 3/ WEG

(Signature)

(Typed name)

W. MARK FELT

67-NOT RECORDED  
4 SEP 28 1965

*deleted from  
property record  
9/22/65*

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 9-8-65

I certify that I have ☒ received ☐ returned the following Government property for official use:

(2) Key to Room 5254 (tel-key cabinet) ✓

FILE

31 mm

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED  
4 SEP 9 1965

Very truly yours,

(Signature)

W. Mark Felt

(Typed name)

W. Mark Felt

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

6-10-65

I certify that I have received the following Government property for official use:

~~XXXXXX~~

D. C. Official Parking Permit #2926  
expires 6-30-66

RETURNED

D. C. Official Parking Permit #3019 ✓  
expires 6-30-65

*detached*

*6-29-65*

*gcw*

FILE

*3/ gcw*

Very truly yours,

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

(Signature)

(Typed name)

W. Mark Felt

67-NOT RECORDED

7 JUL 20 1965

*132*

September 30, 1965

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Felt:

I have reviewed the report of the inspection of the Inspection Division just completed and have approved the following ratings of your operations: Specific Division Operations, Administrative Operations, and Contacts - Very Good; Physical Condition and Maintenance and Personnel Matters - Excellent.

Your space was found to be well arranged, adequate, and in excellent condition, and I note that adequate security is afforded the maintenance and disposal of highly confidential inspection material. Although you have completed the same number of inspections as had been completed this time last year, you must insure that inspections of the remaining offices are completed before the end of this year. I was pleased to see that the travel and per diem costs, as well as the time required for inspections, have decreased. This is a most desirable trend and reflects careful scheduling. You should have periodic cost reports prepared for your attention to insure that this trend continues.

DEC 18 1976

I was also pleased to learn that inspections are being conducted in a thorough, penetrative manner, and that disciplinary action is recommended where warranted. The institution of new inspection techniques, streamlining of summaries, and the recommendations during inspections for reassignment of personnel and automotive equipment where more urgently needed reflect a commendable awareness of the need for economy and desire to improve operations. You should continue to be alert for new applications of automatic data processing equipment. I will expect you to implement the suggestions made during the inspection to further reduce paper work and seek out additional ways in which such reduction can be accomplished.

1-Mr. Callahan (Attention: Mr. C. R. Davidson) (With Enclosure)  
1-SOG Inspection File of Inspection Division  
1-Personnel file of W. Mark Felt

WST:jmr

(5)

(SEE NOTE PAGE 2)

DUPLICATE YELLOW

Mr. W. Mark Felt

You should follow the suggested procedure to enable your Number One Man to make spot checks of field inspections without increasing travel costs. You should also have the suggested studies of the productivity of various inspection checks made when personnel is available to evaluate their continued effectiveness. The instructions of the Inspector to have certain material in personnel folders destroyed, to revise the index of Inspector's Aides, and to personally review all requests submitted by other divisions for inquiries to be made should be carried out promptly.

Your staff was found to be adequate but not excessive, and I was particularly encouraged to note that your training program for Inspectors and Aides is thorough and includes familiarization with automatic data processing equipment. You should incorporate the periodic instructions you issue in manuals or your working guide for permanent retention where appropriate. The excellent participation of your division in such programs as submission of articles for Bureau publications, 100 per cent membership in the Bureau's Recreation Association, and the substantial number of commendations and incentive awards received by your employees are indications of excellent morale.

The extensive contacts made by your Number One Man in his liaison work have certainly been beneficial to the Bureau, but you should seize every opportunity to enlarge the number of your personal contacts among important individuals who can assist the Bureau. You should also maintain an appropriate contact box to keep readily available records of such contacts.

You and your Number One Man should carefully review the inspection papers left with you and acquaint your staff with them. Advise Mr. Tolson promptly of the action you have taken to comply with the suggestions and instructions issued during the inspection.

Sincerely yours,

\_\_\_\_ XEROX  
DEC 13 1978

John Edgar Hoover  
Director

- 2 -

(NOTE: Based on memo W. S. Tavel to Mr. Tolson 9-30-65 captioned "Inspection-  
Inspection Division, Assistant Director W. S. Tavel, September 20-28, 1965,  
prepared by WST:jmr)

MR. TOLSON

September 30, 1965

W. S. TAVEL

INSPECTION - INSPECTION DIVISION  
ASSISTANT DIRECTOR W. S. TAVEL  
SEPTEMBER 20-28, 1965

SUMMARY

Officials: Assistant Director W. Mark Felt in charge of division since 12-14-64; Assistant Director James H. Gale previously in charge since formation of separate Inspection Division in September, 1962. Inspector H. Lynn Edwards Number One Man since formation of division.

Physical Condition and Maintenance - Excellent. Space occupied, consisting of seven adjoining rooms, adequate, secure, organized for most efficient operation of division and maintained in neat, orderly condition. No delinquencies noted. Appropriate security provided in maintenance and disposal of highly confidential inspection material. Spot check of personal property reflected no discrepancies.

Division Operations - Very Good. Forty-seven (47) inspections conducted since 1-1-65 (same number as completed during similar period 1964); 3 in progress; 29 remaining to be done this year, 10 of which are foreign offices. Inspection of all offices expected to be completed by end of year. Inspections being scheduled on irregular basis with minimum travel and expenditure of manpower given due consideration. Appropriate procedures in effect to insure dates of future inspections remain confidential. Travel and per diem costs and time involved in conducting inspections show slight decrease for period of January - June, 1965 (latest cost data available) over similar period 1964. Favorable trend and reflects careful scheduling. Suggestion made by Inspector that periodic cost reports be prepared for Assistant Director. From review of several inspection reports, inspections appear to be thorough, comprehensive, probative, and number of constructive improvements made as a result. Since 1-1-65 inspections have resulted in 158 censures and 37 instances of more severe administrative action, comparable with similar period 1964. Accomplishments since 1-1-65 include institution of several new inspection techniques, elimination of unnecessary personnel and automotive equipment in some offices and reassignment where more urgently needed, streamlining through more concise inspection summaries, and revision of work papers. Inquiry and

Enclosure

1-Mr. Callahan (Attention: Mr. C. R. Davidson)(detached)

① Personnel file of W. Mark Felt

1-Personnel file of H. Lynn Edwards

WST:jmr

(5) 74

DUPLICATE YELLOW

9 OCT 14 1965 CONTINUED - OVER

Memorandum to Mr. Tolson from W. S. Tavel  
Re: Inspection - Inspection Division

suggestion made during inspections concerning additional use for automatic data processing. Several suggestions made by Inspector for further reducing paper work, including technique of updating work papers from previous inspection, where practical, noting only pertinent changes rather than completely redescribing continuing procedures each time; reducing verbiage; and eliminating retention of unnecessary material.

Administrative Operations - Very Good. Number One Man spends approximately 50% of time on liaison duties not related to inspection matters (American Bar Association, National Association of Attorneys General, etc.). Field inspections being spot-checked by Assistant Director. Instructions issued to enable Number One Man to also make spot checks in field without additional travel costs. Inspectors and Aides constructively occupied while at headquarters on preparation of inspection reports, surveys, and other duties. Inspector suggested continuing studies be made of individual inspection checks to evaluate productivity. Instructions issued to destroy some material in folders on inspection personnel, to revise index of Inspectors' Aides, and for Assistant Director to personally review all requests submitted by Seat of Government divisions for checks to be made during field inspections. Registers, time and attendance, leave records satisfactory. Five (5) of 15 division forms revised since 1-1-65 for more efficient use. Tight security afforded inspection examinations. Excellent participation in submission of articles for Bureau publications. Defense Plans adequate, up to date.

Personnel Matters - Excellent. Training program for Inspectors and Aides well organized and thorough, including familiarization with automatic data processing equipment. Manuals and working guides comprehensive and concise. Suggestion made that special instructions disseminated periodically by Assistant Director be incorporated in manuals or working guide when appropriate for permanent reference. Staff of 4 clerks and 34 Agents adequate, not excessive. Voluntary overtime necessary, productive, equitably shared. Membership in FBIRA 100%. In fiscal year 1965 to date, division personnel have received 5 incentive awards; 5 quality salary increases; 7 letters of commendation; 1 letter of censure. Morale excellent.

Contacts - Very Good. Extensive liaison maintained by Number One Man appears beneficial to Bureau. Suggested Assistant Director enlarge number of personal contacts and maintain appropriate contact box.

Memorandum to Mr. Tolson from W. S. Tavel  
Re: Inspection - Inspection Division

**RECOMMENDATIONS:**

(1) Assistant Director W. Mark Felt, EOD 1-26-42, GS-17 @ \$22,945, non-veteran, not on probation, in charge of division since 12-14-64. Felt makes a particularly impressive appearance, has friendly personality, is intelligent, alert, enthusiastic about making improvements in inspections, and has sufficient firmness to command respect. He has taken hold of division well and works staff hard. Continue in present assignment. If approved, attached letter will advise him of inspection findings.

(2) Inspector H. Lynn Edwards, Number One Man of division since formed September, 1962, EOD 2-10-41, GS-17 @ \$24,445, nonveteran, not on probation. Edwards makes an excellent appearance, has an ingratiating manner suited to his extensive liaison work, is highly intelligent, exhaustively thorough in his work, loyal to the Director, and his long experience in personnel and inspection work qualifies him completely for his present position.





**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>5-17-65</u>	<u>INSPECTION</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY P. FELT</u>	<u>WIFE</u>

Address
<u>3161 MUSKET CT FAIRFAX VIRGINIA</u>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

b6  
b7C

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment Received  
Special Agents Insurance Fund

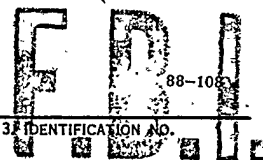
JUN 3 1965

J. Edgar Hoover, Director

*[Signature]*  
Special Agent

3-ecd

REPORT OF MEDICAL EXAMINATION



Div 2

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Felt, W. Mark</b>			2. GRADE AND COMPONENT OR POSITION <b>Asst. Director</b>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>11-1-65</b>	
7. SEX <b>M</b>	8. RACE <b>Cauc</b>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>8-17-13</b>		13. PLACE OF BIRTH <b>Twin Falls, Idaho</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Copy of EC  
12-17-74  
mj

#24 Arcus senilis - below - N.C.D.

#39 R. herniophy scar  
L.L. 2 - scar.

67-276576-368  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
1 DEC 2 1965

REC-144

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)	
O—Restorable teeth /—Nonrestorable teeth	
X—Missing teeth XXX—Replaced by dentures	
(6 X 8)—Fixed bridge, brackets to include abutments	
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 L E F T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  
**Exam type III  
Class. I  
No Defects Noted**

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.017</b>		46. CHEST X-RAY (Place, date, film number and result) <b>24120-65-50 Report</b>	
B. ALBUMIN <b>NEG</b>	D. MICROSCOPIC <b>Ess. Neg</b>		
C. SUGAR <b>NEG</b>	48. EKG <b>WNL</b>	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) <b>Neg</b>		50. OTHER TESTS	

MEASUREMENTS AND OTHER FINDINGS																																						
51. HEIGHT <i>121</i>		52. WEIGHT <i>174</i>		53. COLOR HAIR <i>Brown</i>		54. COLOR EYES <i>Blue</i>		55. BUILD: (Check one) <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> SLENDER <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESSE		56. TEMPERATURE <i>98.2</i>																												
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																
A. SITTING		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER																												
SYS. <i>124</i> DIAS. <i>74</i>		SYS. <i>74</i> DIAS. <i>74</i>		SYS. <i>74</i> DIAS. <i>74</i>		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER																												
59. DISTANT VISION						60. REFRACTION																																
RIGHT 20/ <i>25</i> CORR. TO 20/ <i>20</i>						BY <i>lens</i> S. CX																																
LEFT 20/ <i>20</i> CORR. TO 20/ <i>20</i>						BY <i>lens</i> S. CX																																
61. NEAR VISION						CORR. TO <i>24-12</i> BY <i>lens</i>																																
CORR. TO <i>20-10</i> BY <i>lens</i>																																						
62. HETEROPHORIA (Specify distance)																																						
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																												
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)																														
RIGHT LEFT				<i>AOC 1940 18/15</i>				UNCORRECTED																														
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				CORRECTED																														
								68. RED LENS TEST																														
								69. INTRAOCULAR TENSION																														
70. HEARING				71. AUDIOMETER																																		
RIGHT WV <i>15</i> /15 SV <i>15</i> /15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250 250</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									250 250	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT									LEFT								
	250 250	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																														
RIGHT																																						
LEFT																																						
LEFT WV <i>15</i> /15 SV <i>15</i> /15																																						
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																						
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																						

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

*Bilateral cataracts - N.C.A.*

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P	U	L	H	E	S
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE <i>[Signature]</i>					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

-COPY-

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

REGISTER NO.

WARD NO.

FBI Staff Clinic

Felt, W. Mark

AGE

SEX

(Check one)

52

M

☐ BEDSIDE, WHEELCHAIR,  
OR STRETCHER

☐ BED  
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

11-1-65

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

24120-65

DATE OF REPORT

RADIOGRAPHIC REPORT

TYPED 3NOV

PA PROJECTION OF THE CHEST IS NORMAL. There is a slight scoliosis of the upper thoracic spine, convexity to the left. Calcium is present in the arch of the aorta. CWO:vm

G. W. OCHS

LCDR MC USN

G. W. OCHS

LCDR MC USN

30473-64 NMMC

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

-COPY-

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

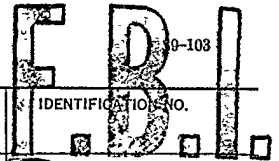
Standard Form 519-A (Rev. Aug. 1964)—  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS



1. LAST NAME—FIRST NAME—MIDDLE NAME <b>FELT W. MARK</b>		2. GRADE AND COMPONENT OR POSITION <b>GS 17</b>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <b>3216 WYNFORD DRIVE FAIRFAX, VIRGINIA</b>		5. PURPOSE OF EXAMINATION <b>ANNUAL PHYSICAL</b>		6. DATE OF EXAMINATION <b>11-1-65</b>	
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN <b>30 YRS</b>		10. AGENCY	
11. ORGANIZATION UNIT		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
12. DATE OF BIRTH <b>8-17-13</b>		13. PLACE OF BIRTH <b>TWIN FALLS, IDAHO</b>		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	
16. OTHER INFORMATION					

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

EXCELLENT—EXCEPT FOR MILD DISCOMFORT  
IN LEFT ARM AND LEG ASSOCIATED WITH SITTING  
FOR EXTENDED PERIODS

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:		
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	RELATION(S)
FATHER		DECEASED	EMBOLISM	88		✓	HAD TUBERCULOSIS
MOTHER	86	EXCELLENT				✓	HAD SYPHILIS
SPOUSE	50	EXCELLENT				✓	HAD DIABETES
BROTHERS AND SISTERS						✓	HAD CANCER
						✓	HAD KIDNEY TROUBLE
						✓	HAD HEART TROUBLE
						✓	HAD STOMACH TROUBLE
CHILDREN						✓	HAD RHEUMATISM (Arthritis)
						✓	HAD ASTHMA, HAY FEVER, HIVES
						✓	HAD EPILEPSY (Fits)
						✓	COMMITTED SUICIDE
						✓	BEEN INSANE

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)				
YES	NO	(Check each item)	YES NO (Check each item)	
✓		SCARLET FEVER, ERYSIPELAS	✓	GOITER
✓		DIPHTHERIA	✓	TUBERCULOSIS
✓		RHEUMATIC FEVER	✓	SOAKING SWEATS (Night sweats)
✓		SWOLLEN OR PAINFUL JOINTS	✓	ASTHMA
✓		MUMPS	✓	SHORTNESS OF BREATH
✓		WHOOPING COUGH	✓	PAIN OR PRESSURE IN CHEST
✓		FREQUENT OR SEVERE HEADACHE	✓	CHRONIC COUGH
✓		DIZZINESS OR FAINTING SPELLS	✓	PALPITATION OR POUNDING HEART
✓		EYE TROUBLE	✓	HIGH OR LOW BLOOD PRESSURE
✓		EAR, NOSE OR THROAT TROUBLE	✓	CRAMPS IN YOUR LEGS
✓		RUNNING EARS	✓	FREQUENT INDIGESTION
✓		CHRONIC OR FREQUENT COLDS	✓	STOMACH, LIVER OR INTESTINAL TROUBLE
✓		SEVERE TOOTH OR GUM TROUBLE	✓	GALL BLADDER TROUBLE OR GALL STONES
✓		SINUSITIS	✓	JAUNDICE
✓		HAY FEVER	✓	ANY REACTION TO SERUM, DRUG OR MEDICINE
✓		TUMOR, GROWTH, CYST, CANCER	✓	RUPTURE
✓		APPENDICITIS	✓	PILES OR RECTAL DISEASE
✓		FREQUENT OR PAINFUL URINATION	✓	KIDNEY STONE OR BLOOD IN URINE
✓		SUGAR OR ALBUMIN IN URINE	✓	BOILS
✓		VENEREAL DISEASE	✓	RECENT GAIN OR LOSS OF WEIGHT
✓		ARTHRITIS OR RHEUMATISM	✓	BONE, JOINT, OR OTHER DEFORMITY
✓		LAMENESS	✓	LOSS OF ARM, LEG, FINGER, OR TOE
✓		PAINFUL OR "TRICK" SHOULDER OR ELBOW	✓	TRICK OR LOCKED KNEE
✓		FOOT TROUBLE	✓	NEURITIS
✓		PARALYSIS (Inc. infantile)	✓	EPILEPSY OR FITS
✓		CAR, TRAIN, SEA, OR AIR SICKNESS	✓	FREQUENT TROUBLE SLEEPING
✓		FREQUENT OR TERRIFYING NIGHTMARES	✓	DEPRESSION OR EXCESSIVE WORRY
✓		LOSS OF MEMORY OR AMNESIA	✓	BED WETTING
✓		NERVOUS TROUBLE OF ANY SORT	✓	ANY DRUG OR NARCOTIC HABIT
✓		EXCESSIVE DRINKING HABIT	✓	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
✓	WORN GLASSES	✓	ATTEMPTED SUICIDE	✓	AGE AT ONSET OF MENSTRUATION
✓	WORN AN ARTIFICIAL EYE	✓	BEEN A SLEEP WALKER	✓	INTERVAL BETWEEN PERIODS
✓	WORN HEARING AIDS	✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	✓	DURATION OF PERIODS
✓	STUTTERED OR STAMMERED	✓	COUGHED UP BLOOD	✓	DATE OF LAST PERIOD
✓	WORN A BRACE OR BACK SUPPORT	✓	WOUND EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	✓	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>ONE</b>		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>25 YEARS</b>		25. WHAT IS YOUR USUAL OCCUPATION? <b>SPECIAL AGENT - FBI</b>	
26. ARE YOU (Check one)		27. RIGHT HANDED <input checked="" type="checkbox"/> LEFT HANDED <input type="checkbox"/>			

67-276576-368 ENCLOSURE

2

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

#32 TONSILLECTOMY - AGE 6  
HERPHIA DROPHY - AGE 36  
ABDOMINAL

b6  
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

W. MARK FERT

SIGNATURE

*W. Mark Fert*

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

med discomfort in left arm and  
left leg associated with sitting for extended  
periods - in last fifteen years, esp. in last  
years. no weight loss. appetite good. Nocturia 0-1X  
No diabetes in family.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

CAPT. MC USN

DATE

11/1/65

SIGNATURE

*C. F. Park*

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee Felt, W. Mark  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-276576-528 ENCLOSURE

REC'D - ADMIN. DIV.  
FBI

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

  
(Signature of Medical Examiner)

11-22-65  
(Date)



January 26, 1966

PERSONAL

Dear Felt:

Congratulations on your  
Twenty-fourth Anniversary in the Bureau!  
I hope the Bureau will have the benefit of  
your fine services for many years to come.

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

REC-144

67-2 1165 Re-369  
JAN 28 1966

JEH:rm (3)

Anniversary 1/26 - Wednesday

SENT FROM D. O.	
TIME	8:28 AM
DATE	1/26/66
BY	JEH

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

145

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. TOLSON

DATE: 3/11/66

FROM :



SUBJECT: W. MARK FELT  
ASSISTANT DIRECTOR  
INSPECTION DIVISION

*on special assignment at  
Kansas City per  
movement  
ago*

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_ b6  
Holmes \_\_\_\_\_ b7C  
Gandy \_\_\_\_\_

Mr. Felt is currently on special assignment in Kansas City. He was placed in charge of the Inspection Division on 12/14/64 and on 3/19/65 he was promoted from Grade GS 16 to GS 17 and designated Assistant Director of the Inspection Division. He is now being considered for a promotion to Grade GS 18.

Mr. Felt has done a very effective job in handling all aspects of the Inspection Division. In addition, he has handled a number of special assignments for the Director in an excellent fashion. He has instituted a very intensive and detailed training program for his inspection staff, which is absolutely essential due to the rather rapid turnover of inspectors. This training program has proven to be very effective.

No administrative action has been taken against Mr. Felt since he has been in charge of the Inspection Division and he is currently rated Outstanding. He was granted a cash award of \$500 in recognition of his Outstanding Performance Rating on 4/14/65.

The last inspection of the Inspection Division was conducted in September, 1965 and all division operations were rated Very Good to Excellent. Mr. Felt's services continue to be in the outstanding category.

## RECOMMENDATION:

REC-141

67-276576-370  
38

That Mr. Felt be reallocated to Grade GS 18, effective 3/19/66, which would be one year since his last reallocation. This promotion would be effective for the duration of his current assignment.

ADDENDUM BY MR. TOLSON 3/14/66

PERMANENT BRIEF OF FILE ATTACHED

I suggest we await the results of the Kansas City case.

ERC:DSS

*Letter prep  
3-14-66  
Lam*

*GRC*

*WJA*

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. TOLSON

DATE: 2/8/66

FROM : C. D. DeLoach

cc Mr. DeLoach  
Mr. Mohr  
Mr. Gale

SUBJECT: UNKNOWN SUBJECTS  
Salvatore Eugene Palma, aka  
INTERSTATE TRANSPORTATION OF STOLEN PROPERTY  
OBSTRUCTION OF JUSTICE

In accordance with my memorandum of 2/7/66, it was proposed that Inspector Campbell, who is one of the major case inspectors previously approved by the Director, receive indoctrination in captioned matter here at the seat of government and later on this week report to Assistant Director Felt in Kansas City. Campbell would stay with Felt for several days and undergo indoctrination, and eventually take over leadership in this case. Assistant Director Felt would then return to the seat of government.

Inspector Campbell has been going over all aspects of the Palma case. I have had two lengthy conferences with him concerning this matter. He has discussed this case with personnel of the Special Investigative Division. Assistant Director Felt feels that he could safely leave Kansas City on Monday or Tuesday of next week, 2/14 or 15/66, and return to the seat of government. This, of course, would give him several days in which to be with Inspector Campbell so that considerable indoctrination could be given him.

In view of my discussion with you, I will issue instructions to Assistant Director Felt that he should remain in Kansas City until further notice. It is suggested that Inspector Campbell proceed to Kansas City as of tonight, 2/8/66, and report to Assistant Director Felt, so that valuable experience can be gained in the handling of such major cases. If there are no objections, instructions will be issued accordingly.

REC-47

CDD:CSH (4)

XEROX

FEB 25 1966

FEB 21 1966

67-NOT RECORDED

1 MAR 3 1966

PERS. M. CAMP

FBI WASH DC

FBI KAN CITY

711 PM CST URGENT 2-8-66 CAW

TO : DIRECTOR

FROM : ASSISTANT DIRECTOR W. MARK FELT

OBSTRUCTION  
OF JUSTICE

UNSUBS; SALVATORE EUGENE PALMA, AKA - VICTIM. OOJ; ITSP  
OO - KANSAS CITY.

Interstate Transportation

REMYTEL, FEBRUARY SEVEN LAST.

SYNOPSIS:

[REDACTED] NICHOLAS  
CIVELLA, LA COSA NOSTRA BOSS, ASKED WHAT COULD BE DONE TO STOP  
"ALL THE HEAT", SAID HE COULD PROBABLY PERSUADE "SOME OF [REDACTED]  
[REDACTED]", WHO HAVE PREVIOUSLY BEEN UNCOOPERATIVE, TO TESTIFY  
CONCERNING VICTIM'S MENTAL STATE AND INDICATIONS OF POSSIBLE  
SUICIDAL INTENT. [REDACTED] WAS INFORMED IN NO UNCERTAIN TERMS THAT  
FACTS INDICATED HOMICIDE AND THAT INVESTIGATIVE PRESSURE WOULD  
CONTINUE UNTIL TRUE FACTS, WHATEVER THEY MIGHT BE, WERE OBTAINED.  
THIS APPROACH BELIEVED TO BE INDICATIVE OF PANIC REACTION BY  
HOODLUMS.

CONTINUED INVESTIGATIVE AND GRAND JURY PRESSURE BEING  
MAINTAINED. [REDACTED]

[REDACTED] BEING SUBPOENAED

END PAGE ONE

REC-67  
FEB 25 1966

PERS. RM. UNIT

b6  
b7C

b6  
b7C

b6  
b7C

b3

KC 72-81 PAGE TWO

TO APPEAR BEFORE FEDERAL GRAND JURY ON FRIDAY NEXT. KANSAS CITY STAR PLANNING ADDITIONAL FEATURE ARTICLE ON HOODLUM ORGANIZATION FOR SUNDAY NEXT. ALCOHOL AND TOBACCO TAX UNIT PLANNING FULL INSPECTION OF ANTONIO'S PIZZERIA FOR FRIDAY NEXT. EXTENSIVE INVESTIGATION CONTINUING.

-----

INTERVIEW WITH [REDACTED]

[REDACTED] APPEARED IN OFFICE OF U. S. ATTORNEY MILLIN "TO DISCUSS PALMA CASE". [REDACTED] ANTHONY CIVELLA AND HE IS KNOWN [REDACTED] OTHER HOODLUM FIGURES. SURVEILLANCE OF ANTHONY CIVELLA LAST WEEK INDICATED THAT HE AND HIS UNCLE, NICHOLAS CIVELLA, LA COSA NOSTRA BOSS, WERE IN SAME BUILDING WHERE [REDACTED] AND IT IS BELIEVED THEY WENT THERE FOR CONFERENCE [REDACTED] STARTED RIGHT OFF BY SAYING, "WHAT CAN WE DO TO TAKE OFF THE HEAT". AT THIS POINT MILLIN CALLED ME TO COME TO HIS OFFICE TO HEAR WHAT [REDACTED] HAD TO SAY. AFTER LISTENING TO [REDACTED] THERE WAS NO DOUBT BUT THAT HE WAS THERE AS EMISSARY OF HOODLUM ELEMENT. HE POINTED OUT "[REDACTED] [REDACTED]" WERE GREATLY CONCERNED ABOUT AGGRESSIVE FBI INVESTIGATION, EXTENSIVE NEWSPAPER PUBLICITY AND USE OF FEDERAL GRAND JURY. HE

END PAGE TWO

b6  
b7c

KC 72-81 PAGE THREE

SUGGESTED HE MIGHT BE ABLE TO HAVE SOME OF [ ] COME FORWARD FOR INTERVIEW BY THE FBI AND FOR GRAND JURY TESTIMONY PROVIDED THEY WERE QUESTIONED ONLY ABOUT PALMA CASE. I ASKED [ ] WHAT INFORMATION HE THOUGHT THESE PERSONS COULD PROVIDE AND HE REPLIED THAT UNDOUBTEDLY THEY COULD PROVIDE ADDITIONAL INFORMATION CONCERNING VICTIM'S MENTAL CONDITION AND STATEMENTS TENDING TO INDICATE PALMA'S INTENTION OF TAKING HIS OWN LIFE.

b6  
b7C

I TOLD [ ] EMPHATICALLY THERE WOULD BE NO COMPROMISE OF ANY SORT AND THAT VIGOROUS INVESTIGATION WOULD CONTINUE UNTIL WE GOT TRUTH ABOUT WHAT HAPPENED. FURTHERMORE IF DEATH RESULTED FROM SUICIDE AS HE CLAIMED, THEN OUR INVESTIGATION WOULD HAVE TO CONTINUE UNTIL WE LOCATED PERSON OR PERSONS RESPONSIBLE FOR, ONE, BULLET WOUND IN VICTIM'S BACK; TWO, REMOVAL OF DEATH WEAPON; AND THREE, REMOVAL OF VICTIM'S CAR.

b6  
b7C

AT THIS POINT [ ] STATED HE FELT PALMA MUST HAVE HIRED AN ACCOMPLICE TO MAKE DEATH LOOK LIKE MURDER AND WHILE HE DID NOT BELIEVE [ ] RESPONSIBLE, IT WOULD NOT BE LOGICAL FOR ANYONE TO ADMIT IT TO FBI BECAUSE THEY MIGHT ULTIMATELY BE TRIED FOR MURDER IN STATE COURT. I TOLD [ ] IF HE WERE SO SURE IT WAS SUICIDE, [ ] HAVE NO

b6  
b7C

END PAGE THREE

KC 72-81 PAGE FOUR

DIFFICULTY IN SO CONVINCING JURY IN STATE COURT. I TOLD HIM THAT THERE WOULD BE INCREASING PRESSURE ON THIS CASE UNTIL WE DETERMINED WHO WAS RESPONSIBLE FOR THE HOMICIDE.

-----

PRESSURE ON HOODLUM ELEMENT:

INVESTIGATIVE PRESSURE CONTINUES AND IN ADDITION ALL OTHER POSSIBLE ANGLES BEING EXPLORED. U. S. ALCOHOL AND TOBACCO TAX UNIT WILL MAKE DETAILED ON SCENE CHECK AT ANTONIO'S PIZZERIA FRIDAY NEXT. KANSAS CITY STAR IS PREPARING LENGTHY ARTICLE FOR NEXT SUNDAY'S ISSUE DESCRIBING THE CRIMINAL ORGANIZATION IN KANSAS CITY. THIS HAS BEEN PREPARED ON BASIS OF MATERIAL IN NEWSPAPER MORGUE BUT IS SURPRISINGLY ACCURATE AND WILL FOCUS MORE PUBLIC ATTENTION ON HOODLUM ELEMENT. CONSENSUS OF INFORMANTS IS THAT HOODLUMS ARE EXTREMELY CONCERNED.

-----

FEDERAL GRAND JURY:

SUBPOENAS ISSUED TODAY FOR FRIDAY APPEARANCE OF

END PAGE FOUR

ATTORNEY MILLIN WILL CONTINUE TAKING OF FIFTH AMENDMENT  
WITNESSES BEFORE U. S. DISTRICT JUDGE HUNTER.

SURVEILLANCES BEING ROTATED ON MAJOR SUSPECTS SO ALL WILL THINK CONSTANT COVERAGE. ALL ARE WORRIED, BUT ANTHONY CIVELLA IN PARTICULAR SHOWS EFFECTS OF PRESSURE. VARIOUS INFORMANTS REPORT PRESSURE APPEARS TO BE MAKING HIM ILL.

CRIME SEARCH

END

FBI WASH DC

TU@

[illegible]





**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>W. MARK FELT</i>	<i>12-7-65</i>	<i>TEH</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<i>AUDREY R. FELT</i>	<i>WIFE</i>

Address
<i>3216 WYNFORD DR. FAIRFAX VIRGINIA</i>

Name
[Redacted]

Address
[Redacted]

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment Received  
Special Agents Insurance Fund

JAN 6 1966

J. Edgar Hoover, Director

*W. Mark Felt*  
Special Agent

3-ecd

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	
Mr. Wick	
Mr. Casper	
Mr. Callahan	
Mr. Conrad	
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

Kansas City, Missouri  
March 16, 1966

Mr. J. Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

*W. Mark Felt*

Your letter of March 14, 1966, advising of my promotion to grade GS-18 has been received.

I am extremely grateful for this wonderful recognition and most appreciative of your consideration. You can be sure of my continued maximum effort to carry out every assignment in the manner which you expect.

Concerning the reason for my presence in Kansas City, I had hoped to come up with a solution before this time. However, I refuse to entertain any other thought than for a successful outcome. Furthermore, we have very effectively used the Palma case as a vehicle to concentrate and increase the pressure already initiated by the Criminal Intelligence Program. Collateral benefits have included the stepping up of local and Federal prosecution of hoodlums with maximum and near maximum sentences being imposed.

Yesterday a local businessman, who was one of the largest Kansas City bookmakers during the Pendergast regime, advised that because of FBI pressure in the Palma case, organized hoodlum activities in Kansas City are at their lowest ebb in fifty years. He said hoodlum revenues have been substantially cut back and that if Nicholas Civella, the "La Cosa Nostra" boss, could be put in jail for any reason this might well trigger the collapse of the hoodlum organization.

And we are planning to do just that! Our prime target in the immunity proceedings is Nicholas Civella and we have excellent information on telephone

REC-150

67-276576-371	
Searched	Numbered
1 MAR 21 1966	

THRU

93  
9 MAR 25 1966

|| calls to hoodlum associates in other areas upon which to  
base immunity. United States Attorney F. Russell Millin  
returned from Washington last week inspired from his visit  
with you and confident of ultimate Departmental approval.  
To implement Departmental conditions, we have initiated  
extensive file research for data which the Department  
now deems necessary in this type proceeding. You can be  
assured that I will continue to vigorously press ahead in  
this and the other facets of this case.

Let me again express my thanks and appreciation  
for my promotion. It is a real privilege to be associated  
with this splendid organization and I hope that I can work  
under your exceptional leadership for many years to come.

Sincerely,

A handwritten signature in dark ink, appearing to read 'W. Mark Felt', with a long horizontal flourish extending to the right.

W. MARK FELT

REC-141

March 14, 1966

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Kansas City, Missouri

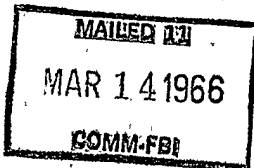
Dear Felt:

I am indeed pleased to  
advise you of your promotion to  
\$25,332 per annum in Grade GS 13,  
as an Assistant Director, effective  
March 19, 1966.

For your information,  
this promotion is temporary and  
will remain in effect only for the  
duration of your present assignment.

Sincerely,

J. Edgar Hoover



- 1 - [redacted]
- 1 - [redacted]
- 1 - Movement
- 1 - [redacted]

ten  
tam  
(6)

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

6 MAR 21 1966  
MAIL ROOM ☐ TELETYPE UNIT ☐

REC'D-READING ROOM  
FBI  
MAR 14 1 56 PM '66

b6  
b7C

GBA

RGH

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION  
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1965 to MARCH 31, 1966

ADJECTIVE RATING: OUTSTANDING  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's  
Initials

Rated by: Clyde A. Tolson Associate 4/1/66  
Signature Title Date

Reviewed by: \_\_\_\_\_  
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/66  
Signature Title Date

TYPE OF REPORT

☒ Official  
☒ Annual

REC-137

67-276576-372

Searched \_\_\_\_\_ Indexed \_\_\_\_\_

3 APR 8 1966

☐ Administrative

☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

XEROX  
DEC 13 1978

8 APR 13 1966

3/1/66

**W. MARK FELT  
ASSISTANT DIRECTOR  
INSPECTION DIVISION**

As Assistant Director in charge of the Inspection Division, Mr. Felt is responsible for the conduct of complete inspections of the fifty-seven field offices, ten Seat of Government divisions and any foreign installations and has centralized control of all inspection matters. He has discharged all his responsibilities in this area of our operations in such an exceptional manner for the period April 1, 1965, to March 31, 1966, that an Outstanding rating is merited.

Mr. Felt is eminently qualified for this position as he possesses a remarkable insight into all the functions, both administrative and investigative, of a field office and an unusually comprehensive knowledge of the Bureau's rules, regulations, policies and procedures. Quick to detect any deficiencies in operations or procedures, he is equally as quick to correct such deficiencies or to institute new procedures or policies to streamline operations. He possesses unusual initiative and resourcefulness and takes prompt and aggressive action to gain his objectives. A top-notch administrator, he has the capacity to deal effectively with personnel and inculcating enthusiasm and dedication among his associates.

He presents a mature, forceful and businesslike appearance which, coupled with his friendly personality, makes him most effective in his contacts with his associates and with others as a Bureau representative. Mr. Felt has handled all his responsibilities flawlessly and, as a result of his positive and imaginative approach, has contributed substantially to the success of the Bureau during the past year. A rating of Outstanding is clearly justified.

**XEROX**  
**DEC 13 1978**

NOTIFICATION OF PERSONNEL ACTION  
(EMPLOYEE — See General Information on Reverse)

5 PART  
50-124-04

(FOR AGENCY USE)

1. NAME (CAPS) LAST—FIRST—MIDDLE <b>FELT, W. MARK</b>		MR.—MISS—MRS. <b>(MR.)</b>	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) <b>8-17-13</b>	4. SOCIAL SECURITY NO. <b>511-46-0048</b>
5. VETERAN PREFERENCE <b>1</b> 1—NO 3—10 PT. DISAB. 2—5 PT. 4—10 PT. COMP. 5—10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1—COVERED 2—INELIGIBLE 3—WAIVED			10. RETIREMENT 1—CS 3—FS 5—OTHER 2—FICA 4—NONE		11. (FOR CSC USE)
12. CODE NATURE OF ACTION <b>PROMOTION</b>			13. EFFECTIVE DATE (Mo., Day, Year) <b>3-19-66</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>
15. FROM: POSITION TITLE AND NUMBER <b>Assistant Director 110</b>			16. PAY PLAN AND OCCUPATION CODE <b>GS</b>	17. (a) GRADE OR LEVEL <b>17</b>	(b) STEP OR RATE <b>3</b>
18. SALARY <b>\$23,771 pa</b>					
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>Inspection Division Washington, D. C.</b>					

20. TO: POSITION TITLE AND NUMBER <b>Assistant Director 110</b>		21. PAY PLAN AND OCCUPATION CODE <b>GS</b>	22. (a) GRADE OR LEVEL <b>18</b>	(b) STEP OR RATE <b>1</b>	23. SALARY <b>\$25,382 pa</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>Inspection Division Washington, D. C.</b>					

25. DUTY STATION (City—county—State)		26. LOCATION CODE	
27. APPROPRIATION <b>S. &amp; E., FBI</b>		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE <b>2</b> 2—EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2

30. REMARKS:	A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
	B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:

C. DURING  
PROBATION

D. FROM APPOINTMENT OF 6 MONTHS OR LESS

**Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.**

**This promotion is temporary and will remain in effect only for the duration of present assignment.**

**67-NOT RECORDED**  
**12 MAR 31 1966**

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <b>E. Hoover</b> <b>Director</b>	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <b>3-19-66</b>	
33. CODE <b>DJ 02</b>	EMPLOYING DEPARTMENT OR AGENCY <b>FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535</b>		
4. PERSONNEL FOLDER COPY			

UNITED STATES GOVERNMENT

# Memorandum

TO : The Director

DATE: 3-28-66

FROM : Mr. Tolson

SUBJECT: W. MARK FELT  
Assistant Director  
Inspection Division

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

## OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period April 1, 1965, to March 31, 1966. I have signed this rating as the Rating Official.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Approving Official. Thereafter, it must be transmitted to the Department with other such ratings for approval by the Departmental Committee on Incentive Awards. Mr. Felt will then be entitled to a cash incentive award of \$500 as has been approved in the past for Assistant Directors and above.

### RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of the attached Outstanding performance rating for Mr. Felt and, upon approval by the Departmental Committee on Incentive Awards, he be furnished a copy of his rating and approved for a cash award of \$500.

Enclosures  
LDH:jap  
(2)

276576-373  
3 MAR 8 1966

Letter dated  
4/7/66



Mr. Tolson	✓
Mr. DeLoach	_____
Mr. Mohr	_____
Mr. Wick	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

April 11, 1966

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

This letter is to thank you for the outstanding performance rating which you approved for me for the period ending March 31, 1966.

This wonderful recognition and the incentive award which accompanied it are both deeply appreciated. You can be sure of my continued and increased efforts to discharge my responsibilities in a manner which will measure up to the high Bureau standards which you have established.

Let me again express my pleasure and satisfaction in working under your inspiring direction. I hope that I can continue to work under your direction for many years to come.

Sincerely,

  
W. MARK FELT

REC-143

67-

276 576-374

Searched

Numbered

1 APR 14 1966

137  
1 APR 19 1966



REC-137  
3

April 7, 1966

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Kansas City, Missouri

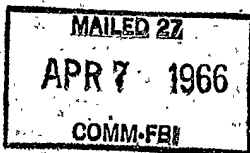
Dear Felt:

I am pleased to advise you that in recognition of your superior services for the period April 1, 1965, to March 31, 1966, you have been afforded an Outstanding performance rating which has been approved by the Departmental Committee on Incentive Awards. You may retain the copy of this rating which is enclosed.

In addition, I have approved an incentive award for you and the enclosed check represents an award of \$500.00. You have displayed an exceptionally high degree of dedication to the Bureau and have discharged your many and heavy responsibilities superbly. I deeply appreciate your invaluable services.

Sincerely,

J. Edgar Hoover



Enclosures (2)

1 - [redacted] (Sent Direct)

LRH:kec

(4)

Award #677-66

Based on memo Mr. Tolson to the Director 3/28/66.

Salutation per file.

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

b6  
b7C

REPORT OF MEDICAL EXAMINATION

10 F.B.I. 88-108

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>FELT, W. MARK</u>			2. GRADE AND COMPONENT OR POSITION <u>Asst Director</u>		3. IDENTIFICATION NO. <u>5-32-73</u>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <u>Annual</u>		6. DATE OF EXAMINATION <u>12-1-66</u>	
7. SEX <u>M</u>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY		11. ORGANIZATION UNIT
12. DATE OF BIRTH <u>8-17-13</u>		13. PLACE OF BIRTH <u>Twin Falls, Idaho</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <u>NMMC</u>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium, tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

copy of EC  
12-1-66  
208

adeg.  
RESULTS  
15.0  
4.6  
7.5  
5.6  
3.5  
1  
8  
PLATELET X103  
D E F I J K L M N O P Q R S T U V W X Y Z

Will healed right hemionhaphy  
Dear  
Will healed L.H. Q. Dear  
Exploratory  
REC-141  
67-276576375  
1 JAN 5 1967  
32

ENCLOSURE att

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments		Exam Type 3 CLASS 2 CARIES as noted No defects noted	
R I G H T	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	L E F T	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <u>1.018</u>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <u>neg</u>	D. MICROSCOPIC <u>Ess. neg</u>	27342-66 - See Report	
C. SUGAR <u>neg</u>	48. EKG <u>42</u>	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) <u>neg</u>	50. OTHER TESTS		

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <b>72</b>	52. WEIGHT <b>182</b>	53. COLOR HAIR <b>BROWN</b>	54. COLOR EYES <b>BLUE</b>	55. BUILD: (Check one) <input checked="" type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE <b>98.6</b>	
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)			
A. SITTING SYS. <b>120</b> DIAS. <b>80</b>	B. RECUMBENT SYS. DIAS. 	C. STANDING (3 min.) SYS. DIAS. 	A. SITTING <b>76</b>	B. AFTER EXERCISE	C. 2 MIN. AFTER	
59. DISTANT VISION			60. REFRACTION			
RIGHT 20/ <b>40</b>	CORR. TO 20/ <b>20</b>	BY <b>lens</b>	S. <b>CX</b>	61. NEAR VISION		
LEFT 20/ <b>50</b>	CORR. TO 20/ <b>20</b>	BY <b>lens</b>	S. <b>CX</b>	CORR. TO <b>62m</b> BY <b>lens</b>		
62. HETEROPHORIA (Specify distance)						
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result) <b>P/P 15/14</b>		65. DEPTH PERCEPTION (Test used and score)		
RIGHT	LEFT			UNCORRECTED		
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		
				69. INTRAOCULAR TENSION		
70. HEARING			71. AUDIOMETER			
RIGHT WV <b>15</b> /15 SV	/15		250 260	500 612	1000 1024	2000 2048
LEFT WV <b>15</b> /15 SV	/15		3000 2896	4000 4096	6000 6144	8000 8192
			RIGHT			
			LEFT			
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)						
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY						

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S
B. PHYSICAL CATEGORY					
A	B	C	E		

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

Asst. Director

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

FBI

T-17

FELT, W. Mark

AGE

SEX

(Check one)

53

M

☐ BEDSIDE, WHEELCHAIR,  
OR STRETCHER

☐ BED  
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

72" 174

12-1-66

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

27342-66

DATE OF REPORT

1 Dec 66

RADIOGRAPHIC REPORT

A single PA projection of the chest shows the lung fields to be fully expanded and free of active disease. Calcifications are seen in the left hilar region. The heart, mediastinum, great vessels and visualized osseous structures are normal.

IMP: No active disease.

XXXXXX

24/20-65

J. E. LITTLE, LT MC USN

tec

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>FELT, W. MARK</b>		2. GRADE AND COMPONENT OR POSITION <b>Asst. Director</b>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>ANNUAL PHY.</b>		6. DATE OF EXAMINATION	
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>8-17-13</b>		13. PLACE OF BIRTH <b>TWIN FALLS IDAHO</b>	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other)				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)	
FATHER			<b>MISOTEPIC THROMBOSIS</b>	<b>88</b>		<input checked="" type="checkbox"/>	HAD TUBERCULOSIS		
MOTHER	<b>87</b>	<b>GOOD</b>				<input checked="" type="checkbox"/>	HAD SYPHILIS		
SPOUSE	<b>51</b>	<b>EXCELLENT</b>				<input checked="" type="checkbox"/>	HAD DIABETES	<b>MOTHER</b>	
BROTHERS						<input checked="" type="checkbox"/>	HAD CANCER	<b>MOTHER</b>	
AND						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE		
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE		
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	<b>FATHER</b>	
CHILDREN						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)		
						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES		
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)		
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE		
						<input checked="" type="checkbox"/>	BEEN INSANE		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)				
YES	NO	(Check each item)	(Check each item)	
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>	GOITER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>	TUBERCULOSIS
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>	SOAKING SWEATS (Night sweats)
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>	ASTHMA
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>	SHORTNESS OF BREATH
<input checked="" type="checkbox"/>		COLOR-BLINDNESS	<input checked="" type="checkbox"/>	PAIN OR PRESSURE IN CHEST
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>	CHRONIC COUGH
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>	PALPITATION OR POUNDING HEART
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>	CRAMPS IN YOUR LEGS
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>	FREQUENT INDIGESTION
<input checked="" type="checkbox"/>		HEARING LOSS	<input checked="" type="checkbox"/>	STOMACH, LIVER OR INTESTINAL TROUBLE
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	GALL BLADDER TROUBLE OR GALL STONES
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>	JAUNDICE
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>	ANY REACTION TO SERUM, DRUG OR MEDICINE
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>	HISTORY OF BROKEN BONES
<input checked="" type="checkbox"/>		HISTORY OF HEAD INJURY		
<input checked="" type="checkbox"/>		SKIN DISEASES		

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES—CONTACT LENS	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input checked="" type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	HELD EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>1</b>		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>298</b>		25. WHAT IS YOUR USUAL OCCUPATION? <b>FBI AGENT</b>	
				26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
✓		B. INABILITY TO PERFORM CERTAIN MOTIONS
✓		C. INABILITY TO ASSUME CERTAIN POSITIONS
✓		D. OTHER MEDICAL REASONS (If yes, give reasons)
✓		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
✓		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
✓		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
✓		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
✓		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
✓		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
✓		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

31. A SINUS OPERATION 1928  
DR. JONES - BOISE IDAHO

B. HERNIA OPERATION 1948  
DR. MACMADON  
SWEDISH HOSPITAL  
SEATTLE WA

C. BIOPSY 1950  
SAME AS B.

34. SINUS INFECTION  
DR. R.A. SOLTANI  
10721 MAIN  
FAIRFAX. VA

b6  
b7C

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

W. MARK FERT

SIGNATURE

*[Signature]*

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED  
SHEETS

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

Felt, W. M.

Last

First

Middle

The following portions of the attached examination report form need not be completed:

2  
3  
4  
9  
11

14  
17  
62  
65  
67

68  
69  
72  
76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees; Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☐ No ☒ Yes If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?  
☐ No ☒ Yes If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

ENCLOSURE

67-27627-27



### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

REC'D - ADMIN DIV.  
FBI

Dec 21 2 22 PM '66

*M. M. Linder, M.D.*  
(Signature of Medical Examiner)

*Dec. 1, 1966*  
(Date)

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date

9/21/66

I certify that I have ☒ received ☐ returned the following Government property for official use:

Companion Brief Case ✓

FILE

3/HEM

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED

136 5 SEP 26 1966

Very truly yours,

(Signature)

W. Mark Felt

(Typed name)

W. Mark Felt

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-9-66

I certify that I have ☒ received ☐ returned the following Government property for official use:

D. C. Official Parking Permit #1926✓  
expires 6-30-67

RETURNED

D. C. Official Parking Permit #2926  
expires 6-30-66

*detached  
6-17-66  
FEL*

*FILE  
3/1/66*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT P:  
4 JUN 20 1966

Very truly yours,

(Signature)

*W. Mark Felt*

(Typed name)

W. Mark Felt

67-276576-376

WILLIAM MARK FELT IN THIS FILE SKIPPED DURING  
SERIALIZATION.

2-20-67

#143

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : MR. TOLSON

DATE: October 10, 1966

FROM : W. M. Felt

OCT 14 1966

SUBJECT: REQUEST FOR ANNUAL LEAVE

I am planning to complete the Los Angeles inspection no later than Friday, October 14, 1966, and the staff will return to Washington on that date.

For some time I have been planning to escort my Mother and her sister, both in their middle 80's, from Twin Falls, Idaho, to Dallas, Texas, where they will live [redacted]

b6  
b7C

I would like to stop by Idaho on my return for this purpose. It is necessary to complete the move before cold weather sets in. I could accomplish this by handling necessary arrangements in Twin Falls on the 17th of October and travelling on the 18th of October, returning to Washington the same date and reporting for work on Wednesday, October 19.

There would be no delay in the preparation of the inspection report on the Los Angeles Office inasmuch as on Monday and Tuesday next week the staff would be preparing the preliminary paper.

Accordingly, annual leave is requested for October 17 and 18 next. If approved, itinerary will be submitted.

1 - Mr. Callahan (Att: Leave Unit)

WMF:wmj (3)

REC-141

216576-379  
7 OCT 18 1966  
22

noted  
10-13-66  
mr

EX-10  
XEROX COPY MADE IN  
VOUCHER-STAT. SECTION

Mr Felt  
telephonically  
advised  
10/10/66  
wmj  
3/

8V

OCT 20 1966

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan ☒  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : Mr. Mohr

DATE: 11-18-66

FROM : Mr. Callahan

SUBJECT: W. MARK FELT  
Assistant Director  
Inspection Division  
SERVICE AWARD LETTER  
25th Anniversary 1-26-67

There is attached for the Director's signature a suggested letter to Mr. Felt on the occasion of his 25th Anniversary of Bureau service on 1-26-67.

The Director may desire to present Mr. Felt's letter and Key personally on January 26, 1967.

*Mr. Felt advised  
2/23/66*

*[Handwritten signature]*  
*yes*  
*[Handwritten signature]*

Enclosure  
1 - Miss Holmes (Sent Direct)  
LDH:jhb  
(3)  
*LDH/AL jhb*

67-276576-378	
Searched	Numbered
3 JAN 26 1967	

*46*

REC-140

*3 jhb*

3 JAN 30 1967 *(79)*

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 10-24-66

I certify that I have ☐ received ☒ returned the following Government property for official use:

Companion Brief Case ✓

READ

The Government property which you hereby acknowledge is, charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECD

5 OCT 25 1966

FILE

31 C/M

Very truly yours,

(Signature)

*W. Mark Felt*

(Typed name)

W. Mark Felt



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>10-1-66</u>	<u>INSPECTION</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY P. FELT</u>	<u>WIFE</u>

Address
<u>3216 WYNFORD DRIVE FAIRFAX, VA.</u>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	
Address	

b6  
b7C

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment of  
Special Agents Insurance Fund

OCT 11 1966

J. Edgar Hoover, Director

Special Agent

g. eed



January 26, 1967

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

Today is your Twenty-fifth Anniversary of dedicated service with the FBI. To participate in your celebration of this notable occasion, I wish to present this Twenty-five-Year Service Award Key and to extend my warmest congratulations.

You have witnessed the growth of the Bureau to its present position of pre-eminence. At the same time you have progressed through its ranks and now hold an important position of leadership. I fully realize the significance of the conscientious devotion to duty, hard work and frequent personal sacrifices which your years of service represent. The loyalty, sincerity and efficiency with which you have performed your many and various duties are indeed commendable and I want to express my grateful appreciation to you for a job well done in the best interests of the FBI.

May I take this opportunity to convey my heartfelt thanks for your exceptional and invaluable assistance.

With best wishes and kindest regards,

XEROX  
DEC 13 1978

Sincerely,

J. EDGAR HOOVER

67-276576-379  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
JAN 26 1967

Enclosure  
1 - Miss Holmes (Sent Direct)

LDH:jhb

Based on Memo, 11-18-66,  
Callahan - Mohr. LDH:jhb

SENT FROM D. O.  
TIME 10:00 AM  
DATE 1/26/67  
BY presented by the Director

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 1-27-67

I certify that I have ☐ received ~~xxx~~ returned the following Government property for official use:

Agent Brief Case ✓

*net to Bur*

FILE  
31 *1213*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

*W. Mark Felt*

W. Mark Felt

(Typed name)

53

UNITED STATES GOVERNMENT

# Memorandum

*Handwritten initials and a circle around them.*

Mr. Tolson	✓
Mr. DeLoach	
Mr. Mohr	✓
Mr. Wick	✓
Mr. Casper	
Mr. Callahan	✓
Mr. Conrad	
Mr. Felt	✓
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

TO : Director, FBI  
Attention: CRIME RECORDS  
FROM : *WMA* SAC, Butte  
SUBJECT: ASSISTANT DIRECTOR W. MARK FELT  
25th ANNIVERSARY

DATE: 2/8/67

Attached is an article which appeared in the Twin Falls Times-News, Twin Falls, Idaho, daily newspaper, on 2/5/67 in connection with Assistant Director FELT's 25th anniversary with the Bureau.

2-Bureau (Encs. 2)  
1-Butte

WMA:iap  
(3)

EXP. PROC.

REC-3 MICK  
FBI

67-276576-380  
Searched \_\_\_\_\_ Indexed \_\_\_\_\_  
2 FEB 12 1967 32

REC-140

FEB 13 1967

2 ENCLOSURE

CRIME RESEARCH



FEB 21 1967 91

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

(Mount Clipping in Space Below)

## Former T.F. Man Honored For 25 Years With FBI

W. Mark Felt, a native of Twin Falls, has been honored in Washington, D.C., for 25 years service with the Federal Bureau of Investigation.

The son of Mrs. Rosa Felt and the late Earl M. Felt, he was born Aug. 17, 1913, in Twin Falls, attended school here and later attended the University of Idaho where he received a bachelor of arts degree in 1935.

Mr. Felt worked as a senatorial administrative assistant in Washington, D.C., while continuing his education at George Washington University Law School. Admitted to practice before the U.S. Supreme Court, he worked with the Federal Trade Commission as an attorney for some time. In January, 1942, Mr. Felt joined the FBI as a special agent and subsequently served the agency in Houston and San Antonio, Tex., and Seattle, Wash.

Mr. Felt was assistant special agent in charge in New Orleans, La., and held a similar position in Los Angeles. In August, 1956, he was transferred to Salt Lake City as agent in charge.

In September, 1962, after serving as special agent in charge of the Kansas City Office, he returned to FBI headquarters in Washington, D.C.

Here Mr. Felt was assigned to the number one man in the training division. In November, 1964, he became inspector in charge of the Inspection Division and in March of 1965 was assigned as assistant director in charge of this division.

Mr. Felt is married and the father of two children.



**W. MARK FELT**  
... former Twin Falls resident, has been honored for 25 years' service with the FBI. He is assigned to the Washington, D.C. headquarters

(Indicate page, name of newspaper, city and state.)

Times-News daily

Twin Falls, Idaho

2-5-67

Page 12, cols 2, 3

Date: **2-8-67**

Edition: **Final**

Author: **BONNIE BAIRD**

Editor: **GUS KELKER**

Title:

Character:

or

Classification:

Submitting Office: **Butte**

3-20-67

PLAINTEXT

TELEGRAM

URGENT

MR. W. MARK FELT  
DELIVER BY MESSENGER  
C/O [REDACTED]  
[REDACTED]

b6  
b7C

MERE WORDS ARE INADEQUATE TO EXPRESS MY  
DEEP SYMPATHY FOR YOUR FAMILY AND YOU ON THE PASSING OF  
YOUR MOTHER, BUT I DO HOPE THAT YOU WILL DERIVE A MEASURE  
OF SOLACE FROM KNOWING THAT THE UNDERSTANDING THOUGHTS  
OF YOUR MANY FRIENDS IN THE BUREAU ARE WITH YOU IN YOUR  
BEREAVEMENT.

JOHN EDGAR HOOVER

PDS  
(3)

REC-141

107-276576-3811  
SEARCHED  
10  
22

[REDACTED] telephonically advised the Leave Office 3-20-67 that Mr. Felt's  
mother died 3-19-67 and he is leaving at noon today for the above address.  
The funeral will be in Twin Falls, Idaho, on Wednesday or Thursday.

b6  
b7C

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐

INITIALED  
DIRECTOR'S OFFICE

FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
COMMUNICATIONS SECTION  
MAR 20 1967  
WESTERN UNION

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. TOLSON

DATE: March 20, 1967

FROM : W. M. FELT *Wmf*

SUBJECT: ASSISTANT DIRECTOR W. MARK FELT  
DEATH OF MOTHER

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

This is to advise that my mother, Mrs. Rose D. Felt, died early Sunday morning, 3/19/67, at Dallas, Texas. The funeral will be in Twin Falls, Idaho, on Wednesday or Thursday of this week. All arrangements are being made by the White Mortuary in Twin Falls.

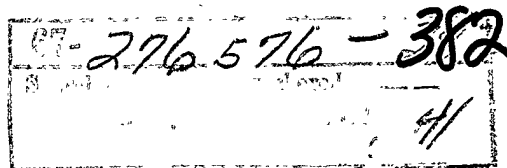
I will depart Washington about noon, 3/20/67, for Dallas, Texas. While in Dallas I can be reached c/o [redacted]

[redacted] I will depart Dallas sometime on Tuesday, 3/21/67, for Twin Falls, where I can be reached c/o the Resident Agency. I will remain in Twin Falls to handle business matters relating to the estate, and plan to return to Washington no later than Sunday, 3/26/67.

1 - Mr. Callahan  
1 - Mr. Mohr

WMF:wmj  
(4)

REC-131



7 MAR 23 1967 76

W. MARK FELT

March 27, 1967

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

My family and I want to let you know how much we appreciated your personal telegram of condolence and the beautiful spray of white roses and yellow chrysanthemums which the Bureau sent to my mother's funeral at Twin Falls last week.

Your kindness is sincerely appreciated by all of us.

Sincerely,



W. Mark Felt

*Telegram sent  
3-20-67  
mz*

REC-131

67-276576-383	
Searched	Numbered
10 MAR 29 1967	

*3  
mz*

10 APR 3 1967 131

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Wick	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

*IDA  
Felt  
Foley  
mz*



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>2-17-67</u>	<u>INSPECTION</u>
The following person is designated as my beneficiary for Special Agents Insurance Fund:		
Name (primary beneficiary; use given first name if female)	Relationship	
<u>AUDREY R. FELT</u>	<u>WIFE</u>	
Address		
<u>3216 WYNFORD DR FAIRFAX, VIRGINIA</u>		
		Relationship
		b6 b7C

Do you desire to designate the above-listed/beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☐ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>SAME</u>	
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>SAME</u>	
Address	

Payment Received  
Special Agents Insurance Fund

MAR 13 1967 28

J. Edgar Hoover, Director

Very truly yours,

William H. Holt  
Special Agent

3-eccl



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELTWhere Assigned: INSPECTION  
(Division) (Section, Unit)Official Position Title and Grade: ASSISTANT DIRECTORRating Period: from APRIL 1, 1966 to MARCH 31, 1967ADJECTIVE RATING: OUTSTANDING  
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's  
InitialsRated by: Clyde A. Tolson Associate Director 4/3/67  
Signature Title DateReviewed by: \_\_\_\_\_  
Signature Title DateRating Approved by: J. Edgar Hoover Director 4/3/67  
Signature Title Date

## TYPE OF REPORT

☒ Official  
☒ Annual

REC-144

67-276576-384	
Searched	Numbered
<input checked="" type="checkbox"/> 60-Day	11 1967
<input type="checkbox"/> 90-Day	
<input type="checkbox"/> Transfer	
<input type="checkbox"/> Separation from Service	
<input type="checkbox"/> Special	

XEROX  
DEC 13 1978

4 1 APR 13 1967

3/11

**W. MARK FELT  
ASSISTANT DIRECTOR  
INSPECTION DIVISION**

In his capacity as Assistant Director in charge of the Inspection Division, Mr. Felt has continued his superior performance and merits the rating of Outstanding for the period April 1, 1966, to March 31, 1967.

Mr. Felt is responsible for the conduct of inspections of the Bureau's fifty-seven field offices, ten Seat of Government divisions and any foreign installations and has centralized control of all inspection matters. In this specialized field his services have been unique. His boundless enthusiasm, unusual drive and determination, as well as his vast, intimate knowledge of Bureau rules, operations and procedures, have contributed immensely to his superb performance and to his value to the Bureau. He has been alert to detect any delinquencies in field operations and has been prompt to initiate corrections, new methods or the implementation of existing programs.

He possesses an affable personality and exceptional enthusiasm which have materially enhanced the effectiveness of his contacts with individuals in all walks of life, as well as with high Government officials. He is a capable administrator and top-level executive who provides the vigorous leadership necessary to obtain maximum results in matters under his jurisdiction. His performance has been highlighted by his unquestioned interest, loyalty and tireless devotion to duty.

Mr. Felt has performed in every respect in a superior manner and has played a vital role in the continued efficient discharge of the Bureau's ever-increasing responsibilities. A rating of Outstanding is clearly merited.

XEROX  
DEC 13 1978

UNITED STATES GOVERNMENT

# Memorandum

TO : The Director

DATE: 3-31-67

FROM : Mr. Tolson

SUBJECT: W. MARK FELT  
Assistant Director  
Inspection Division

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

## OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period April 1, 1966, to March 31, 1967. I have signed this rating as the Rating Official.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Approving Official. Thereafter, it must be transmitted to the Department with other such ratings for approval by the Departmental Committee on Incentive Awards. Mr. Felt will then be entitled to a cash incentive award of \$500 as has been approved in the past for Assistant Directors and above.

### RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of the attached Outstanding performance rating for Mr. Felt and upon approval by the Departmental Committee on Incentive Awards, he be furnished a copy of his rating and approved for a cash award of \$500.

Enclosures

LDH:jap

(2)

67-2176576-385  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
9 APR 11 1967

W. MARK FELT

Mr. Tolson ✓  
Mr. DeLoach ✓  
Mr. Mohr ✓  
Mr. Wick ✓  
Mr. Casper ✓  
Mr. Callahan ✓  
Mr. Conrad ✓  
Mr. Felt ✓  
Mr. Gale ✓  
Mr. Rosen ✓  
Mr. Sullivan ✓  
Mr. Tavel ✓  
Mr. Trotter ✓  
Tele. Room b6  
Miss Holmes b7C  
Miss Gandy

April 11, 1967

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

This is to express my sincere appreciation for your letter of 4/10/67 advising that I have been given an Outstanding Performance Rating for the period April 1, 1966, to March 31, 1967. The very favorable comments in the rating are a challenge to me to try even harder during the years ahead.

Also greatly appreciated is the very generous incentive award which accompanied your letter.

Working under your inspired direction in this splendid organization is a tremendous satisfaction to me. I want you to know that my enthusiastic and maximum output is available to you in any capacity for so long as you desire.

Thank you again.

Sincerely,

*W. Mark Felt*

W. Mark Felt

REC-134

67-276576-386	
Searched	Numbered 54
7 APR 12 1967	

APR 17 1967 75

5-12

REC-144

April 10, 1967

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

I am pleased to advise that you have been afforded an Outstanding performance rating for the period April 1, 1966, to March 31, 1967, which has been approved by the Departmental Committee on Incentive Awards. A copy of this rating, which you may retain, is enclosed.

It is a pleasure to also inform you that in recognition of your continued superior services I have approved an incentive award for you in the amount of \$500.00 and the enclosed check represents this award. Your loyalty and dedication to the FBI have been noteworthy and you should entertain a feeling of pride in your accomplishments during the past year. I am deeply appreciative.

Sincerely,

J. Edgar Hoover

XEROX  
DEC 13 1978

Enclosures (2)

1 -   (Sent Direct)

LRH:bcs  
(4)

Award #734-67  
Salutation per file.

Based on memo Mr. Tolson-The Director 3/31/67.

*Lab*

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☒ TELETYPE UNIT ☐

b6  
b7C

# REPORT OF MEDICAL EXAMINATION

**FBI**  
88-105

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>FELT, W. Mark</b>			2. GRADE AND COMPONENT OR POSITION <b>Asst. Director</b>		3. IDENTIFICATION NO. <b>5-32-73</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <b>ANNUAL</b>		6. DATE OF EXAMINATION <b>11-21-67</b>	
7. SEX <b>Male</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY      CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>8-17-13</b>		13. PLACE OF BIRTH <b>Twin Falls, Idaho</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#29. Soft 4th sound at apex and LL3B.  
#32. Prostate and rectum normal.  
#40. Small 4 X 4<sup>mm</sup> sl. red raised chronic granuloma rt. posterior upper arm NCD. No therapy needed.  
#46. PA CHEST FILM of 21 NOV: Normal chest. Minimal S-shaped scoliosis of the thoracic spine is present.  
/s/ J.W. MEIGHAN  
LCDR MC USN  
#50. CBC - WNL  
Electrolytes - WNL  
BUN - 20  
FBS - 116  
Uric Acid - 6.9  
Cholesterol - 251  
2hr PP BS - 92  
#24. Bilateral arcus senilis.

Not being routed for  
Rec'd as Dr. Fox sent  
Mr. Felt a copy of  
report. Rem per WBH

REC-144

67- 276576-38713

ENCLOSURE  
1 att

Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
5 DEC 8 1967  
(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

o—Restorable teeth  
/—Nonrestorable teeth

X—Missing teeth  
XXX—Replaced by dentures

(6 X 8)—Fixed bridge, brackets to include abutments

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I																	E
G																	F
H																	T
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type 111

Class 2

Carries as noted

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.021</b>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <b>Neg</b>	D. MICROSCOPIC <b>Ess Neg</b>	27342 See Notes Above	
C. SUGAR <b>Neg</b>	47. SEROLOGY (Specify test used and results)	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
VDRL * <b>NONREACTIVE</b>	<b>WNL</b>		See Notes Above

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <b>72"</b>	52. WEIGHT <b>179</b>	53. COLOR HAIR <b>Gr. Blonde</b>	54. COLOR EYES <b>Blue</b>	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. <b>130</b> DIAS. <b>80</b>	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING <b>74</b>	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/ <b>40</b>	CORR. TO 20/ <b>20</b>	BY <b>Lens</b>	S.	OX	
LEFT 20/ <b>25</b>	CORR. TO 20/ <b>20</b>	BY <b>Lens</b>	S.	- OX -	
61. NEAR VISION			62. HETEROPHORIA (Specify distance)		
RIGHT 20/ <b>40</b>			CORR. TO <b>.50 M.</b>		
LEFT 20/ <b>25</b>			CORR. TO <b>.25 M.</b>		

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
-----	-----	-------	-------	------------	----------------	----	----

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT LEFT	<b>PIP 15/16</b>		CORRECTED
66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
70. HEARING	71. AUDIOMETER	72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV <b>15</b> /15 SV <b>15</b> /15	250 256 500 512 1000 1024 2000 2048 2896 4000 4096 6000 6144 8000 8192		
LEFT WV /15 SV /15	RIGHT		
	LEFT		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

**L.M. FOX CAPT., MC USN**

SIGNATURE

*L.M. Fox*

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

**FELT, W. Mark**

Last

First

Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
- ☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?
- ☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
- If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-271576-387



### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient


6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
Signature of Medical Examiner

21 Nov 67  
Date

MR. TOLSON

9-20-67

W. S. TAVEL

INSPECTION - INSPECTION DIVISION  
ASSISTANT DIRECTOR W. S. TAVEL  
SEPTEMBER 11-18, 1967

SUMMARY

Officials: Assistant Director W. Mark Felt in charge of Division since 12-14-64; former Inspector H. Lynn Edwards Number One Man 9-26-62 to 3-20-67; Inspector L. M. Walters Number One Man since 3-20-67. Last inspection 9/20-28/65.

Physical Condition and Maintenance - Excellent (last inspection - Excellent). Space consists of 7 rooms on one side of corridor in Justice Building. Adequate, secure, well organized on functional basis, and maintained in generally excellent condition. Minor housekeeping delinquencies corrected. Maintenance and disposal of highly confidential inspection material receiving appropriate security; personal property spot check satisfactory.

Division Operations - Very Good (last inspection - Very Good). Inspections reviewed appeared penetrative, ratings equitable, undesirable trends detected and corrective instructions issued, and valuable suggestions made. Division has made numerous improvements in inspection procedures. 52 inspections completed since 1-1-67 (increase of 5 over similar period 1966); 5 in progress (increase of 3); and 25 yet to be done (decrease of 8). All expected to be completed by year's end. Aides constructively occupied while at Seat of Government (SOG) on surveys and other duties. 212 censures and 13 more severe actions resulted from 1967 inspections compared with 193 censures and 63 more severe actions for similar period 1966 (46 of 63 had resulted from gross difficulties in 1966 inspections of New York, Knoxville, and Cleveland). Economy of travel and manpower carefully considered in scheduling inspections but man-days in 29 inspections in 1967 totaled 2800, 173 increase over same inspections in 1966, mostly attributable to anonymous letters and special problems in 4 inspections. Parallel increase in per diem and travel. To reduce man-days, Inspector instructed brevity of paper work be considered as rating factor; existing procedure be extended to permit Number One Man and Aide, near end of one inspection, to depart for next office, start new inspection and submit inquiries, insuring replies ready on arrival of remaining staff; also suggested major surveys be studied with interested SOG divisions to reduce collection of voluminous data from SAC

Enclosure

1-Mr. Callahan (Attention: Mr. J. B. Adams) (detached)

①-Personnel file of W. Mark Felt

1-Personnel file of Leonard M. Walters

WST:jmr

(5)

1P CONTINUED - OVER

**Memo to Mr. Tolson from W. S. Tavel**  
**Re: Inspection - Inspection Division**

during inspection that is or could be made available otherwise to such divisions, with emphasis during inspection on matters which can only be checked locally. Also instructed Inspection Staff to be alert for cases meriting commendation and matters of instructional value be referred to Training Division. Savings for 1967 inspections \$802,108.88, slight decrease from similar period 1966 but substantially more than 1965.

**Administrative Operations - Very Good (last inspection - Very Good).** Since last inspection, supervisory structure improved with Number One Man devoting full time to inspection matters; both he and Assistant Director reviewing reports, conducting some inspections, and spot-checking others in field. Working guide, personnel folders, periodic written instructions by Assistant Director all current and adequate. 3 minor changes suggested in Inspectors' Manuals. Registers, Time and Attendance cards and leave records, Division forms, Defense Plans, card index on active Aides checked and no significant errors noted. Inspection Staff familiarized with automatic data processing and alert to possible applications, with several having been suggested both in inspection procedures and other Bureau operations. Increase in submission of human interest items in 1967 but decrease in articles for FBI Law Enforcement Bulletin; corrective action ordered. Instructed Inspectors to be required to spot-check file reviews of Aides and necessity for Inspectors' Aide classes for SOG supervisors be considered quarterly.

**Personnel Matters - Excellent (last inspection - Excellent).** Training program effective. Arrangements in effect to insure Aides receive administrative firearms. Current staff of 33 Aides (including Assistant Director and Number One Man) and 3 clerks considered adequate but not excessive. Morale appears excellent; voluntary overtime appears necessary, productive, and equitably shared. 100% FBIRA membership. Increase in submissions for "The Investigator." Physical examinations current. Availability check satisfactory. No work-related injuries in 1967. Commendations and Incentive Awards to Division personnel decreased slightly in 1967 from similar period in 1966; recommended Division be alert to recommend deserving cases. Desirable decrease in administrative action against Division personnel noted in 1967. Position classification matters satisfactory.

**Contacts - Excellent (last inspection - Very Good).** Although Division has no specific responsibility for liaison with outside agencies, very substantial increase in contacts of Assistant Director and Number One Man since last inspection. Contact boxes current and properly maintained. Instructions issued to remind Inspectors and Aides to continue to be alert during course of inspections to renew old contacts and to take advantage of opportunity to develop new ones.

Memo to Mr. Tolson from W. S. Tavel  
Re: Inspection - Inspection Division

RECOMMENDATIONS:

(1) Assistant Director W. Mark Felt, EOD 1-26-42, GS-18 @ \$25,890, nonveteran, not on probation, in charge of Division since 12-14-64. Felt makes exceptionally fine appearance, speaks well, has friendly personality, and directs Division in firm manner. Particularly alert to make changes and improvements to keep approach in inspections fresh and economy and efficiency at peak. Intelligent, hard worker, and sets high standards. Continue in present assignment. If approved, attached letter will advise him of inspection findings.

(2) Inspector Leonard M. Walters, Number One Man of Division since 3-20-67, EOD 6-15-42, GS-16 @ \$20,745, nonveteran, not on probation. Walters has taken hold of new duties well, works closely with Assistant Director, is mature and intelligent with calm judgment and analytical mind, firm, penetrative and imaginative approach. Ideally suited to present assignment by temperament and qualifications. Continue in present assignment.

September 21, 1967

PERSONAL ATTENTION

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Felt:

I have reviewed the report of the inspection of the Inspection Division just completed, and have approved the following ratings of your operations: Specific Division Operations and Administrative Operations - Very Good; Physical Condition and Maintenance, Personnel Matters, and Contacts - Excellent.

Your space is well arranged, adequate, and generally in excellent condition, and adequate security is being afforded to the maintenance and disposal of confidential inspection material.

I was pleased to know that inspections are thorough, penetrative, fairly rated, and that undesirable trends are being detected and corrected and disciplinary action recommended where warranted. I was also pleased that Inspectors have made valuable suggestions for improving field operations, and that you have been alert to improve inspection procedures to keep their approach fresh.

It is encouraging to know that more inspections have been conducted so far this year than at this time in 1966. Insure that all offices are inspected by the end of this year. The increase in man-days spent and in travel and per diem costs is, however, an undesirable trend. Although you have attributed this partially to special conditions found in several inspections, you must exert every effort to decrease the manpower expended and costs involved without reducing the effectiveness of inspections. Brevity and responsiveness of paper work should definitely be considered as a

1-Mr. Callahan (Attention: Mr. J. B. Adams)(With Enclosure)

1-SOG Inspection File of Inspection Division

① Personnel file of W. Mark Felt

WST:jmr

(5)

(SEE NOTE PAGE 3)

XEROX  
DEC 13 1978  
DUPLICATE YELLOW

**Mr. W. Mark Felt**

**factor in rating both divisions under inspection and members of the Inspection Staff. You should, where possible on a trial basis, extend your present procedure to permit part of the squad to depart near the end of an inspection, start the next inspection, and submit necessary inquiries in order that replies may be ready on arrival of the remainder of the squad. This could save time and manpower. Carefully study the major surveys now made, together with the interested divisions, and compile necessary figures on manpower costs and productivity to determine whether the voluminous data now requested of an office during inspections could be reduced or compiled in some other manner so as to be available to Seat of Government divisions. This should minimize inspection paper work, save time, and permit Inspectors to concentrate on those checks which can only be made locally. Inspectors must be more alert to detect instances warranting commendation and insure that material of instructional value is referred to the Training Division.**

**Your working guide and other instructions were found generally current, but the minor changes noted in the Inspectors' Manuals should be made. I am glad the Inspection Staff has been alert to suggest applications for automatic data processing, but they should also submit additional suggestions for Law Enforcement Bulletin articles. Inspectors should also be required to spot check a representative number of files previously reviewed by their staff.**

**Your training program has been described as effective, and your staff of three clerical employees and 33 Agents is adequate but not excessive. Morale appears excellent.**

**Although your Division has no specific responsibility for liaison with outside agencies, I was pleased that you have substantially increased the number of your personal contacts. All members of your staff must always seize every opportunity in their travels to develop friendships with those who can assist the Bureau.**

**XEROX**  
**DEC 13 1978**

**Mr. W. Mark Felt**

**You and your Number One Man should carefully review the inspection papers left with you and advise your staff of their contents. Advise Mr. Tolson promptly of action you are taking to comply with the suggestions and instructions issued by the Inspector.**

**Sincerely yours,**

**John Edgar Hoover  
Director**

**(NOTE: cover memo from W. S. Tavel to Mr. Tolson dated 9-20-67 captioned "Inspection - Inspection Division, Assistant Director W. S. Tavel, September 11-18, 1967," prepared by WST:jmr)**

**XEROX  
DEC 13 1978**



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

6-29-67

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>6-29-67</u>	<u>10</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY R. FELT</u>	<u>WIFE</u>
Address <u>3216 WYNFORD DR. FAIRFAX VA 22030</u>	

b6  
b7C

Name	
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

W. Mark Felt  
Special Agent

Payment Received  
Special Agents Insurance Fund

JUL 31 1967

J. Edgar Hoover, Director

8-ecd



RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-27-67

I certify that I have ☒ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #4676  
(expires 6/30/68)

RETURNED

D. C. OFFICIAL PARKING PERMIT #1926  
(expires 6/30/67)

*val*  
FILE  
*3/*  
*hg*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED

Very truly yours

(Signature)

(Typed name) W. Mark Felt



**UNITED STATES DEPARTMENT OF JUSTICE**  
**FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>5-23-67</u>	<u>TEN</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female) <u>AUDREY R. FELT</u>	Relationship <u>WIFE</u>
Address <u>3216 WYNFORD DRIVE FAIRFAX VA 22030</u>	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

b6  
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Very truly yours,

Payment Received  
Special Insurance Fund

JUN 6 1967

J. Edgar Hoover, Director

*[Signature]*  
Special Agent

4-633

January 26, 1968

PERSONAL

Dear Felt:

I want to express my personal congratulations as you celebrate your Twenty-sixth Anniversary in the Bureau today. Your efforts have contributed a great deal to the success of the Bureau and I hope the Bureau will continue to benefit from your excellent services for many, many years.

With best regards,

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

SENT FROM D. C.  
FEB 1 1968  
FEB 1 1968  
FEB 1 1968

Anniversary 1/26 - Friday

JEH:rm (3)

*rm*

REC-140

67-276576-388  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
2 JAN 29 1968

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

JAN 28 1968 45

MAIL ROOM ☐ TELETYPE UNIT ☐

January 10, 1968

Mr. W. Mark Felt  
3216 Wynford Drive  
Fairfax, Virginia 22030

Dear Felt:

I am sorry that you are incapacitated  
due to illness, and want to express the hope that you  
are now feeling better.

Your health is most important, and I  
trust you will take whatever time is needed to make  
a complete recovery before attempting to return to  
work.

Sincerely,

J. Edgar Hoover

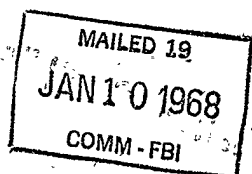
SLS  
(3)

Address obtained from Information.

Assistant Director Felt has been home on sick leave since 1-9-68. (virus)

*Leib*

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_



NOT RECORDED  
10 JAN 11 1968

REC'D - READING ROOM

MAIL ROOM ☐

TELETYPE UNIT ☐

10 10 3 02 PM '68

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : Mr. Tolson

DATE: 4-1-68

FROM : J. P. Mohr

SUBJECT: W. MARK FELT  
Assistant Director  
Inspection Division  
OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period April 1, 1967, to March 31, 1968.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Rating Official and that the Director sign both the original and the copy as the Approving Official. Mr. Felt will then be entitled to a cash incentive award of \$500 as has been approved in the past for Assistant Directors and above.

## RECOMMENDATION:

That you, as Rating Official, and the Director, as Approving Official, sign the original and the copy of the attached Outstanding performance rating of Mr. Felt and that he be furnished a copy of his rating and approved for a cash award of \$500.

*JPM* ✓

67-276576-389	
Searched	Numbered
	78

GK: *[initials]*

*Return dated 4/1/68*  
*[initials]*

*det. sub*  
Enclosures  
LDH:pam  
(2)  
*[initials]*

*3-11*

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : MR. TOLSON

DATE: March 28, 1968

FROM : W. M. FELT *[Signature]*

SUBJECT: PROPOSED VACATION TRAVEL

*[Handwritten signature]*  
*[Handwritten signature]*

My vacation is scheduled April 22 through May 3, 1968.  
My wife and I would like to visit Mexico during this period.

If this proposed travel is approved, I will submit a detailed  
itinerary before departure.

Inspector Walters will be acting in my absence and I have  
no commitments during this period.

*[Handwritten signature]*

*[Handwritten checkmark]*  
*[Handwritten initials]*

*[Handwritten initials]*

WMF:wmj  
(2)

*[Vertical stamp: RECEIVED]*  
*[Vertical stamp: APR 1 1968]*


*[Handwritten signature]*  
*[Handwritten number: 107]*

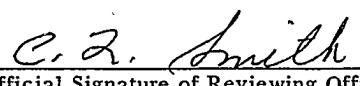
67-NOT RECORDED  
4 APR 1 1968 *[Handwritten number: 22]*

TO: Director, FBI

FROM:

CERTIFICATION

TO BE FILLED IN BY OPERATOR	Name of Operator (Print - Last, First, Middle Initial) <b>FELT, W. MARK</b>		Date <b>3-29-68</b>
	Division and Section Assigned <b>INSPECTION</b>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
	This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows:		
	Permit Issued By: (State, Territory Possession, District) <b>VIRGINIA</b>	Permit Number <b>POS 443 74744-845381</b>	Permit Expires <b>8-31-68</b>
	This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.			
This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately <b>39,000</b> miles. During this time (a) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.			
* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.			
 Signature of Operator			

TO BE FILLED IN BY REVIEWING OFFICIAL	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:	
	<input checked="" type="checkbox"/> Continuous safe driving record	
	<input type="checkbox"/> Involved in traffic accident and found at fault**	
	I certify that this employee is:	
	<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business	
<input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business		
Remarks:		
<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46		
 Official Signature of Reviewing Official		
Title <b>SPECIAL AGENT</b> Date <b>4-1-68</b>		
67 NOT RECORDED APR 2 1968 (Over for Operator's Road Test Score Sheet)		

# RESULTS OF ROAD TEST

Vehicle Used in Test				Local of Test	
Make	Body Type	Year	City	State	
Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	Date	Time	Examiner's Signature		
<b>Instructions to Examiner</b> Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.				<b>Total Error Points</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>	<b>TEST SCORE</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>
<b>PASSING GRADE: Total Score of 25 Points or Less</b> <b>FAILING GRADE: Total Score of 26 Points or More</b> <b>Note Results in Box at Right of Instruction Block</b>				<b>Pass</b> <input type="checkbox"/> <b>Fail</b> <input type="checkbox"/>	
<b>Check List</b>					
<b>1. Checking Vehicle</b> Fails to: <input type="checkbox"/> 1 Adjust Rear-view Mirror <input type="checkbox"/> 1 Adjust Seat Properly <input type="checkbox"/> 1 Check Effectiveness of Hand & Foot Brake <input type="checkbox"/> 1 Check Windshield Wipers <input type="checkbox"/> 1 Check Horn and All Lights			<b>2. Leaving Curb</b> Fails to: <input type="checkbox"/> 2 Look Back to Check Traffic <input type="checkbox"/> 2 Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> 2 Wait for Approaching Traffic		
# of Points			# of Points		
<b>3. Turning</b> Fails to: <input type="checkbox"/> 2 Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> 2 Turn Carefully From Proper Lane			<b>4. Backing</b> Fails to: <input type="checkbox"/> 1 Observe Surrounding Conditions <input type="checkbox"/> 1 Back Slowly and Smoothly and Avoid Excessive Curb Contact		
# of Points			# of Points		
<b>5. Controls</b> Fails to: <input type="checkbox"/> 1 Handle Vehicle Smoothly <input type="checkbox"/> 2 Keep Both Hands on Wheel <input type="checkbox"/> 2 Smoothly Engage Shifting Mechanism <input type="checkbox"/> 2 Use Brakes Properly			<b>6. Speed</b> <input type="checkbox"/> 2 Exceeds Limit <input type="checkbox"/> 2 Too Slow for Traffic Conditions <input type="checkbox"/> 2 Too Fast for Traffic Conditions		
# of Points			# of Points		
<b>7. Position on Roadway</b> <input type="checkbox"/> 2 Follows too Closely <input type="checkbox"/> 2 Fails to Hold Proper Lane <input type="checkbox"/> 1 Straddles Lane Markings			<b>8. Overtaking - Passing</b> <input type="checkbox"/> 2 Misjudges Speed of Oncoming Traffic <input type="checkbox"/> 2 Passes in Intersection, on Hill, Curve, etc. <input type="checkbox"/> 2 Cuts in too Soon <input type="checkbox"/> 2 Fails to Signal (Hand, Light, Horn) When Conditions Warrant		
# of Points			# of Points		
<b>9. Parking</b> Fails to: <input type="checkbox"/> 1 Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb <input type="checkbox"/> 1 Set Hand Brake <input type="checkbox"/> 1 Cramp Wheels Where Necessary			<b>10. Railroad and School Zones</b> Fails to: <input type="checkbox"/> 2 Obey Signals and Caution Warnings <input type="checkbox"/> 2 Be Alert for Unusual Conditions		
# of Points			# of Points		
<b>11. Attention</b> Fails to: <input type="checkbox"/> 2 Anticipate Hazardous Traffic Conditions (Including Pedestrians) <input type="checkbox"/> 2 Keep Full Attention on Operation of Car <input type="checkbox"/> 1 Limit Talking to Minimum <input type="checkbox"/> 2 Observe Posted Signs or Signals			<b>12. General</b> <input type="checkbox"/> 3 Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway <input type="checkbox"/> 3 Lack of Caution <input type="checkbox"/> 3 Timidity or Lack of Assurance Under Normal Driving Conditions		
# of Points			# of Points		

Remarks:



**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2**

**FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
FELT	W.	MARK	8-17-13	511 46 0098
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
FBI			WASHINGTON D.C. 20535	

**3**

**MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

☐  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
**OPTIONAL** but  
do want  
regular  
insurance

☒  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

☐  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4**

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

*William H. Feldt*  
2-12-68

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

FEB 14 1968

See Table of Effective Dates on back of Original

**ORIGINAL COPY—Retain in Official Personnel Folder**

STANDARD FORM No. 176-T  
JANUARY 1968  
(For use only until April 14, 1968)  
176-101

## INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box **C** of SF 176-T, on or before that date.
3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box **B**, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major

discrepancy such as a mark in more than one box.  
(b) If the employee marked box **A** or box **C**, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:

Office of Federal Employees' Group Life Insurance  
(Statistical Study)  
4 East 24th Street  
New York, New York 10010

- (c) If the employee marked box **B**, detach and destroy the stub.
5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.  
(b) The effective date is determined from the table below.
  6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.  
(b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.  
(c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
  7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

### TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY EMPLOYING OFFICE	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
		OF DECISION	OF DEDUCTIONS
On or before February 14, 1968.	Elects optional (in addition to regular) (box <b>A</b> ).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
	Declines optional (but not regular) (box <b>B</b> ).	Declination effective February 14, 1968.	
	Waives regular (so ineligible for optional) (box <b>C</b> ).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
After February 14 but not later than April 14, 1968.	Elects optional (in addition to regular) (box <b>A</b> ).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
	Declines optional (but not regular) (box <b>B</b> ).	Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968.	
	Cancels previously elected optional (but not regular) (box <b>B</b> ).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.
	Waives regular (so ineligible for optional) (box <b>C</b> ).	Waiver effective last day of pay period in which received.	Deductions stop last day of pay period in which received.

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box **C**), **A** and **B** elections do not affect regular insurance effective dates.
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

W. MARK FELT

Mr. Tolson ✓  
Mr. DeLoach ✓  
Mr. Mohr ✓  
Mr. Bishop ✓  
Mr. Casper ✓  
Mr. Callahan ✓  
Mr. Conrad ✓  
Mr. Felt ✓  
Mr. Gale ✓  
Mr. Rosen ✓  
Mr. Sullivan ✓  
Mr. Tavel ✓  
Mr. Trotter ✓  
Tele. Room ✓  
Miss Holmes ✓  
Miss Gandy ✓

April 2, 1968

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

I have just received your letter dated April 2, 1968, advising that you have given me a rating of Outstanding for the period ending March 31, 1968. I am deeply appreciative.

b6  
b7C

Also extremely gratifying are the enclosures which came with your letter. Your kind words in the rating and the generous check are doubly appreciated.

Let me say that you may expect my continued maximum efforts to discharge my responsibilities in a manner which will meet your complete approval at all times.

Many, many thanks.

Sincerely,

*W. Mark Felt*  
W. Mark Felt

67  
APR 2 1968

REC-141

67- 276 576 - 390  
Searched \_\_\_\_\_ Indexed \_\_\_\_\_  
1 APR 4 1968

9 APR 9 1968  
72

3 d/rt

✓  
FEB 1968

April 2, 1968

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

I am especially pleased to advise that your services for the period April 1, 1967, to March 31, 1968, have merited an Outstanding performance rating. A copy of this rating is enclosed which you may retain.

It also is my pleasure to advise of my approval of an incentive award of \$500.00 for you in special recognition of your exceptional services and the check which is enclosed represents this award. The superior and dedicated fashion in which you have discharged your responsibilities is deeply appreciated.

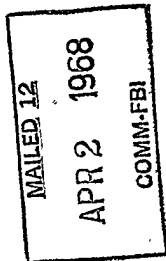
Sincerely,

J. Edgar Hoover

XEROX

DEC 13 1978

Enclosures (2)



1 - [redacted] (Sent Direct)

LRH:mmh

(4)

67-276576

Award #641-68

Based on memo Mohr-Tolson dated 4/1/68.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

b6  
b7C

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELTWhere Assigned: INSPECTION  
(Division) (Section, Unit)Official Position Title and Grade: ASSISTANT DIRECTORRating Period: from APRIL 1, 1967 to MARCH 31, 1968ADJECTIVE RATING: OUTSTANDING  
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Employee's  
InitialsRated by: Clyde A. Tolson Associate  
Signature Title 4/1/68  
DateReviewed by: \_\_\_\_\_  
Signature Title DateRating Approved by: J. Edgar Hoover Director  
Signature Title 4/1/68  
Date

## TYPE OF REPORT

XEROX ☒ Official  
DEC 13 1978 ☒ Annual

- ☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

67-276576-391

Searched	Numbered
8	100

APR 1 1968 61

**W. MARK FELT  
ASSISTANT DIRECTOR  
INSPECTION DIVISION**

During the period April 1, 1967, to March 31, 1968, Mr. Felt's performance has been exceptional and merits the rating of Outstanding.

As Assistant Director, Mr. Felt is responsible for the conduct of inspections of the Bureau's fifty-eight field offices, ten Seat of Government divisions and any foreign installations and has centralized control of all inspection matters. In the supervision and direction of these operations, Mr. Felt has exhibited exemplary judgment at all times and, on a day-to-day basis, has made completely sound decisions in the best interests of the Bureau. He possesses an extensive knowledge of the Bureau's policies, procedures and operations and has consistently displayed outstanding ability to apply this knowledge most astutely to problems encountered. He has been alert in his detection of any deficiencies noted in field operations and has been prompt to initiate corrective action, the implementation of existing programs or new methods of operation.

Mr. Felt presents an unusually fine personal appearance and possesses a most affable and pleasant personality which makes him exceedingly valuable and effective in his personal contacts. He enjoys splendid health and has demonstrated his ability to maintain an energetic pace in the pursuit of his duties. He approaches all assignments with enthusiasm and his highly cooperative attitude is evidenced by his eagerness to handle his full share in meeting the Bureau's ever-increasing responsibilities.

His substantial personal contributions to the efficient handling of our heavy obligations have characterized him as a highly dedicated career employee whose performance justly deserves the rating of Outstanding.

— XEROX —

DEC 13 1978

SUBJECT:

W. Mark Felt  
3216 Wynford Dr.  
Fairfax, Va. 22030

May 6, 1968

Personnel Director  
Federal Bureau Inc.  
10th & Pennsylvania Ave  
Washington, D.C.

REC-137

67-276576-392	
Searched	Numbered
7	7
MAY 10 1968	
32	

Gentlemen:

The above employee of your firm has applied for a Hilton Hotels credit card. Kindly supply us with as much information as possible, since the amount of credit may be substantial. We understand that any information given is in strict confidence and without liability on the part of the company or its officers.

For your convenience this card may be folded, sealed, and mailed with no postage necessary. Thank you for your cooperation.

*Hilton Hotels*

CREDIT CARD DEPT.

PLEASE SUPPLY INFORMATION REQUESTED UNDER PROPER HEADINGS BELOW

Social Security Number \_\_\_\_\_

MONTHLY SALARY:

LENGTH OF EMPLOYMENT:

Under \$500.00 ☐

From \_\_\_\_\_ to \_\_\_\_\_  
(STATE "PRESENT" IF STILL EMPLOYED)

\$500.00 to \$600.00 ☐

POSITION: \_\_\_\_\_

\$600.00 to \$700.00 ☐

EXPENSE ACCOUNT: Yes \_\_\_\_\_ No \_\_\_\_\_

\$700.00 to \$900.00 ☐

PREPARED BY \_\_\_\_\_ TITLE \_\_\_\_\_

Over \$900.00 ☐

FIRST CLASS  
PERMIT NO. 44253  
LOS ANGELES, CALIF.

BUSINESS REPLY MAIL  
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

POSTAGE WILL BE PAID BY

*Hilton Hotels*

P. O. Box 54393, Terminal Annex  
LOS ANGELES, CALIFORNIA 90054

HH - 13



# REPORT OF MEDICAL EXAMINATION

88-112

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Felt, W. Mark</b>			2. GRADE AND COMPONENT OR POSITION <b>Assistant Director</b>		3. IDENTIFICATION NO. <b>5-32-73</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code)			5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>11-27-68</b>	
7. SEX <b>M</b>	8. RACE <b>W</b>	9. TOTAL YEARS GOVERNMENT SERVICE <b>10</b>	10. AGENCY	11. ORGANIZATION UNIT		
12. DATE OF BIRTH <b>8-17-13</b>		13. PLACE OF BIRTH <b>Idaho</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>			16. OTHER INFORMATION			
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

34. Small left hydrocele and/or varicocele.

46. PA and Lateral of the Chest - There is considerably less than optimal inspiration. However, no evidence of active disease is seen.

50. CBC - WNL  
BUN - 17  
Cholesterol - 255.  
Uric Acid - 6.6  
Creatinine - 1.2  
FBS - 110  
2hr PP - 118

*copy 0750  
12-17-74  
my*

67-276526-393  
4 JAN 16 1969

ENCLOSURE  
original from  
to Mr. Felt  
1/16/69

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																																																																									
<input type="checkbox"/> —Restorable teeth <input type="checkbox"/> —Nonrestorable teeth	<input checked="" type="checkbox"/> —Missing teeth <input checked="" type="checkbox"/> —Replaced by dentures																																																																								
(6 X 8)—Fixed bridge, brackets to include abutments																																																																									
<table><tr><td>R</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>L</td></tr><tr><td></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td>I</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>F</td></tr><tr><td>T</td><td><input checked="" type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><input checked="" type="checkbox"/></td><td>T</td></tr></table>	R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L		<input checked="" type="checkbox"/>												<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F	T	<input checked="" type="checkbox"/>															<input checked="" type="checkbox"/>	T	
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REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type III  
Class I  
No defects noted

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.022</b>		46. CHEST X-RAY (Place, date, film number and result) <b>27342 - See above</b>	
B. ALBUMIN <b>Neg.</b>	D. MICROSCOPIC <b>Ess. Neg.</b>		
C. SUGAR <b>Neg.</b>			
47. SEROLOGY (Specify test used and result) <b>VDRL Non-Reactive</b>	48. EKG <b>WNL</b>	49. BLOOD TYPE AND RH FACTOR <b>B+</b>	50. OTHER TESTS <b>Procto., Urology - See Reports</b>

1 JAN 21 1969

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <b>72 3/4</b>		52. WEIGHT <b>168</b>		53. COLOR HAIR <b>Gray</b>		54. COLOR EYES <b>Blue</b>		55. BUILD (Check one) <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE				
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)								
A. SITTING	SYS. <b>136</b> DIAS. <b>70</b>	B. RECUMBENT	SYS.	C. STANDING (3 min.)	SYS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.				
						<b>70</b>								
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION						
RIGHT 20/	<b>40</b>	CORR. TO 20/	<b>20</b>	BY	S.	CX	<b>Blurred</b>		CORR. TO	<b>.50 M</b>	BY			
LEFT 20/	<b>30</b>	CORR. TO 20/	<b>15</b>	BY	S.	CX			CORR. TO	<b>.50 M</b>	BY			
62. HETEROPHORIA (Specify distance)														
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.				
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		66. INTRAOCULAR TENSION				
RIGHT LEFT				<b>PIP 22/24</b>				UNCORRECTED		CORRECTED				
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION				
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV	<b>15</b>	/15 SV	<b>15</b>	/15	250	500	1000	2000	3000	4000	6000	8000		
LEFT WV	<b>15</b>	/15 SV	<b>15</b>	/15	250	500	1000	2000	3000	4000	6000	8000		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

SUB. 15 - 110  
SUB. 15 - 110  
SUB. 15 - 110  
SUB. 15 - 110  
SUB. 15 - 110  
SUB. 15 - 110  
SUB. 15 - 110  
SUB. 15 - 110

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)						76. A. PHYSICAL PROFILE					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR						P	U	L	H	E	S
B. <input type="checkbox"/> IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						B. PHYSICAL CATEGORY					
						A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
<b>J. W. Lea Capt. MC USNR</b>											
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

CLINICAL RECORD

CONSULTATION SHEET

REQUEST		
TO: <i>Procto Clinic</i>	FROM: (Requesting ward, unit, or activity) <i>7-18</i>	DATE OF REQUEST <i>22 Nov.</i>
REASON FOR REQUEST (Complaints and findings)		

*Rectum - annual phys. age 55  
Not done in 15 years*

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE <i>J.W. Lea</i>	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
---------------------------------------	----------	--	--

CONSULTATION REPORT

*No proctoscopy exam in 15 years. Asymptomatic  
at this time.  
Sigmoid rectal: Good sphincter tone. No mass.  
Anorectal: No fissure, hemorrhoids or mass.  
Sigmoidoscopy: Sigmoidoscopy advanced to 25 cm.  
S difficulty. No mucosal and vascular pattern.  
No mass, polyp or area of narrowing.  
Imp: Normal exam.*

*K.P. Martin*

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
---------------------	------	--------------------	--------------

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

PHYSICAL EXAM ROOM

WARD NO.

FELT NN  
B2-17-13H  
5-32-73  
FRI

11-27-68

ENCLOSURE

CONSULTATION SHEET  
Standard Form 513  
513-104-02

T-18  
USNH DDD

67-276576-393

CLINICAL RECORD

CONSULTATION SHEET

REQUEST		
TO: <i>C.V. clinic</i>	FROM: (Requesting ward, unit, or activity) <i>T-18</i>	DATE OF REQUEST <i>27 Nov</i>
REASON FOR REQUEST (Complaints and findings)		

*Symptoms: suggest prostatic  
Hrs @ hydrocele and/or varicocele*

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE <i>J.W. Lee</i>	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
CONSULTATION REPORT			

*17 JAN 1969*

UROLOGY CLINIC  
USNH, BETH., MD.

*History of varicocele, No symptoms -  
No other GU symptoms except for  
nocturia lately for years.*

*PE: normal except @ varicocele,  
collapses in supine position,  
Prostate normal*

*Urine neg  
Imp - Varicocele left  
Rec: No treatment*

(Continued on reverse side)

SIGNATURE AND TITLE <i>J.W. Lee</i>	DATE <i>7 Jan 69</i>	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. <b>PHYSICAL EXAM ROOM</b>	WARD NO.

FELT WH 5-32-73  
88-17-13M FBI

11-27-68

ENCLOSURE

CONSULTATION SHEET  
Standard Form 513  
513-104-02

T-18

67-276576-322

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee \_\_\_\_\_  
(Type or print)

*Felt*  
Last

*W.*  
First

*Mark*  
Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

ENCLOSURE

67-276 576-383

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Medical Examiner *USA*

11-27-68  
 Date

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 12-10-68

I certify that I have ☒ received ☐ returned the following Government property for official use:

Inspectors' Manual, Foreign Offices # 2 ✓✓

FILE

3

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Q. 30-68

I certify that I have received the following Government property for official use:  
returned

Monograph: *The Politics of Street Revolutionists*, Copy #7

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

67-NOV 4 1968

47



RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICEDate 6-24-68I certify that I have ☒ received ☐ returned the following Government property for official use:D. C. OFFICIAL PARKING PERMIT #5877  
expires 6-30-69

RETURNED

D. C. OFFICIAL PARKING PERMIT #4676  
expires 6-30-68*detached &  
dest. in prop. of  
6-24-68*

FILE

3/

*ut*

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

Very truly yours,

(Signature)

*W. Mark Felt*

(Typed name)

W. Mark Felt

67-NOT RECORDED  
1 JUN 25 1968

31



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print) <b>W. MARK FELT</b>	Date <b>5-14-68</b>	Office of Assignment (or SOG Division) <b>X</b>
--	------------------------	--

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female) <b>AUDREY R. FELT</b>	Relationship <b>WIFE</b>
Address <b>3216 WYNFORD DR FAIRFAX VA</b>	

Name (contingent beneficiary, if desired; use given first name if female)	
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

b6  
b7c

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Payment Received  
Special Agents Insurance Fund

**JUN 4 1968**

**J. Edgar Hoover, Director**

Very truly yours,

*W. Mark Felt*  
Special Agent

B-cced

May 9, 1968

Hilton Hotels  
P. O. Box 54393  
Terminal Annex  
Los Angeles, California 90054

Gentlemen:

RE: Mr. W. Mark Felt

Receipt is acknowledged of your inquiry of  
May 6, 1968.

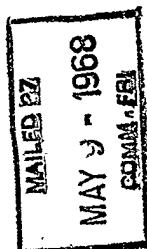
Captioned employee entered on duty in the  
Federal Bureau of Investigation on January 26, 1942,  
and is presently performing supervisory duties,  
receiving salary of \$ 27,055 per annum. Positions  
in this Bureau are of a permanent nature contingent  
upon the satisfactory performance of assigned duties.  
Date of birth in our records is indicated as August 17,  
1915, and his Social Security number as 511-46-0048.  
Mr. Felt is presently occupying the position of Assistant  
Director of our Inspection Division.

67-NOT RECORDED-7

Very truly yours,

*J. Edgar Hoover*  
John Edgar Hoover  
Director

*bjc/lkl*  
(3)  
67-276576



MAIL ROOM ☐ TELETYPE UNIT ☐

*MP-1034*

January 24, 1969

PERSONAL

Dear Felt:

You will soon mark your Twenty-seventh Anniversary in the FBI, and I certainly did want to extend my congratulations and best wishes to you. May you enjoy the occasion and celebrate many more in the service of the Bureau.

Sincerely,

J. EDGAR HOOVER

SENT FROM D. O.	
TIME	8:10 AM
DATE	1/24/69
BY	JH

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

276576-394	
SEARCHED	INDEXED
JAN 24 1969	

REC-141

Anniversary 1-26 - Sunday

JEH:edm (3)

*edm*

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

2 17128153 71  
MAIL ROOM ☒ TELETYPE UNIT ☐

January 16, 1969

Mr. W. Mark Felt  
Assistant Director  
Federal Bureau of Investigation

Dear Mr. Felt:

Your physical evaluation accomplished by Doctor Lea on 27 Nov. 1968, has been reviewed. The laboratory tests were all within normal limits. The cholesterol, specifically, was 255 mgm%. The uric acid which was at the upper limits of normal in 1967 is normal. The urologist recommends no treatment for the left varicocele. The proctology examination was entirely normal. The remainder of your physical evaluation is normal.

Enclosed is a copy of the Report of Medical Examination for your personal file.

It has been a pleasure to be of service to you.

Sincerely,

M. W. Voss  
CAPT MC USN

ENCLOSURE  
H. M. L. J. J.

ENCLOSURE

1 JAN 21 1969

3/1/68

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : Mr. Tolson

DATE: April 2, 1969

FROM : J. P. Mohr

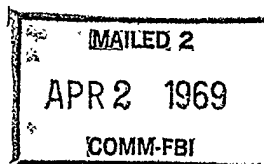
SUBJECT: W. MARK FELT  
Assistant Director  
Inspection Division  
OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period April 1, 1968, to March 31, 1969.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Rating Official and that the Director sign both the original and the copy as the Approving Official.

## RECOMMENDATION:

That you, as Rating Official, and the Director, as Approving Official, sign the original and the copy of the attached Outstanding performance rating of Mr. Felt and that he be furnished the original of his rating.



REC-131

67-276576-395  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
10 6 1969

Enclosures  
LDH:jmp  
(2)

APR 10 1969

UNITED STATES GOVERNMENT

JTM

# Memorandum

TO : Miss Holmes *eh*

FROM : L. E. Wherry, Jr. *REW/GTM*

SUBJECT: Arrival of Assistant Director

DATE: February 24, 1969

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

*[Handwritten initials and signatures over the routing slip]*

Assistant Director W. Mark Felt arrived in Washington D. C. on February 22, 1969 at 10:55 P. M. He can be reached at home.

167-NOT RECORDED  
7 FEB 25 1969

*[Handwritten signature and initials]*

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

New York, N. Y.  
April 3, 1969

Dear Mr. Hoover:

This is to express my deep appreciation for the rating of Outstanding which you approved for my services during the past year.

The continuing success of the Bureau and its perennial top place standing are due primarily to your incredible foresight and firm control. It is exciting and challenging to work for you and, as always, my goal is to handle my assignments in a manner which will measure up to your high standards.

I hope the Bureau will have the benefit of your masterful direction for many years to come.

Again - many, many thanks.

Sincerely,

*W. Mark Felt*  
W. MARK FELT

Mr. J. Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

REC-140

67-276-396

Searched	Numbered
	24

EXP. PROC. 30

APR 8 1969

APR 10 1969

APR 11 1969

*3/2*



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELTWhere Assigned: INSPECTION  
(Division) (Section, Unit)Official Position Title and Grade: ASSISTANT DIRECTORRating Period: from APRIL 1, 1968 to MARCH 31, 1969ADJECTIVE RATING: OUTSTANDING  
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Employee's  
InitialsRated by: Clyde A. Tolson Associate Director 4/1/69  
Signature Title DateReviewed by: \_\_\_\_\_  
Signature Title DateRating Approved by: J. Edgar Hoover Director 4/1/69  
Signature Title Date

## TYPE OF REPORT

☒ Official  
☒ Annual

RECEIVED

XEROX  
DEC 13 1978

67-2765-397

Searched	Numbered
<input type="checkbox"/> Administrative	10 APR 16 1969
<input type="checkbox"/> 60-Day	
<input type="checkbox"/> 90-Day	
<input type="checkbox"/> Transfer	
<input type="checkbox"/> Separation from Service	
<input type="checkbox"/> Special	

3 Jan

146  
10 APR 21 1969

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. TOLSON

FROM : W. M. FELT *7*

SUBJECT: ANNUAL LEAVE REQUEST

DATE: May 13, 1969

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

b6  
b7C

Attached is an annual leave request for May 15 and 16, Thursday and Friday of this week.

The purpose of the leave is to permit me to handle a number of personal matters which cannot be attended to on Saturdays.

Inspector Walters is here and will be acting in my absence.

## RECOMMENDATION:

That the attached annual leave request be approved.

*Attached for Mr. Tolson's office*  
Enclosure

WMF:wmj  
(2)

REC-131

67- 276576-398	
Searched	Numbered
8 MAY 1969	
62	

8 MAY 27 1969 88

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date May 6, 1969

I certify that I have ☐ received ☒ returned the following Government property for official use:

Copy #7 of "The Politics of Street Revolutionists" ✓

FILE  
3/ VZH

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY

8 1969

AS

Very truly yours,

(Signature) [Signature]

(Typed name) W. Mark Felt, Assistant  
Director

December 5, 1969

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

Your contributions in sparking the Clerical  
Applicant Recruitment Program are indeed commendable.

As a result of detailed inspection surveys  
conducted by you and members of your staff, the  
recruitment of clerical employees was intensified to  
an even greater degree. Your praiseworthy perform-  
ance is appreciated.

Sincerely,

J. Edgar Hoover

1 - Mrs. Randolph (Sent Direct)

REC-130

67-16516-399  
7 DEC 8 1969

JBA:blg (4)

Based on Callahan - Mohr memo 12-4-69 re Special Agent  
recruitment program, Commendation Matter.

XEROX  
DEC 13 1978

MAILED 20  
DEC 5 - 1969  
COMM-FBI

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

DEC 12 1969

MAIL ROOM ☐ TELETYPE UNIT ☐

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-1-69

I certify that I have ☒ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #3425  
expires 6-30-70

RETURNED

D. C. OFFICIAL PARKING PERMIT #5877  
expires 6-30-69

FILE  
3/ *MS*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

(Typed name)

*W. Mark Felt*  
W. Mark Felt

67-101 RECORDED  
8 AUG 20 1969

29

January 26, 1970

PERSONAL

Dear Felt:

Today marks your Twenty-eighth Anniversary in the Federal Bureau of Investigation and I could not let the occasion pass without expressing my congratulations and my thanks for all your efforts on behalf of the Bureau.

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark ~~Felt~~  
Federal Bureau of Investigation  
Washington, D. C.

JEH:rm (3)

Anniversary - Monday, January 26

REC-150

67-276576-400	
Searched	Indexed
10 JAN 26 1970	

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

SENT FROM D. O.	
TIME	8 <sup>00</sup> AM
DATE	1-26-70
BY	246

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Walters	_____
Mr. Mohr	_____
Mr. Bishop	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Soyars	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

December 10, 1969

MR. TOLSON:

Request 9 days of annual leave from 12/19/69 through 1/2/70. This is in lieu of leave cancelled earlier this month, and I have not previously had extended leave this year.

The Identification Division inspection is proceeding on schedule and is to be completed on Monday, 12/15/69. Results will be promptly submitted.

If this leave is approved, Inspector Miller will be acting, and I will be at home.

W. M. Felt

Enclosure

*Det + sent to  
payroll 12-15-69  
man*

DEC 16 1969

# REPORT OF MEDICAL EXAMINATION

**FBI**  
82-114  
BOB APPROVING NO. 100117

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Felt, W. Mark</b>			2. GRADE AND COMPONENT OR POSITION <b>Assistant Director</b>	3. IDENTIFICATION NO. <b>5-32-73</b>
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>1-27-70</b>
7. SEX <b>Male</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY      CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH		13. PLACE OF BIRTH <b>Idaho</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>			16. OTHER INFORMATION	
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#39 5" (L) groin  
4" (R) groin

07EC  
copy 12/17/74  
WJ

RESULTS	
15.4	HGB GMS 100ML
47	HCT %
7.2	WBC $\times 10^3$
	NEUT %
	BAND %
	LYMPH %
	EOS %
	BASO %
	MONOS %
	PLATELET $\times 10^3$

RESULTS	14.0 NAT REC-140
472 KE	2.76576-401
102 GL	Numbered
25 CO	FEB 17 1970 36
7.1 TP	
4.1 ALB	
9.5 CA+33	
10 ALK. PHOS	
18 BUN	
110 GLU-----2hr PP 104	
25 SGOT	
250 CHOL	
1.0 Creatinine	
5.8 Uric Acid	
(Continue in item 73)	

3/10/71

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)	
<input type="checkbox"/> —Restorable teeth <input type="checkbox"/> —Nonrestorable teeth	<input checked="" type="checkbox"/> —Missing teeth XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments	
R I G H T	X <sub>1</sub> 2 3 4 5 6 7 8 9 10 11 12 (13-X <sub>14</sub> -15) X <sub>16</sub> L X <sub>2</sub> 31 30 29 28 27 26 25 24 23 22 21 20 19 18 X <sub>17</sub> F T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  
**Exam Type 3**  
**Class I**  
**NCD**

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.023</b>		46. CHEST X-RAY (Place, date, film number and result) <b>03479-70 NEG</b>	
B. ALBUMIN <b>Neg</b>	D. MICROSCOPIC <b>O-1 WBC</b>		
C. SUGAR <b>Neg</b>	48. EKG <b>N.S.C.S.</b>	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) <b>Neg</b>	<b>11-27-68</b>	50. OTHER TESTS	

NEG 20 1970  
51



# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <b>72 3/4"</b>	52. WEIGHT <b>173</b>	53. COLOR HAIR <b>Gray</b>	54. COLOR EYES <b>Blue</b>	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
------------------------------	--------------------------	-------------------------------	-------------------------------	---------------------------	---------	--------	-------	-------	-----------------

57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)							
A. SITTING	SYS. <b>130</b> DIAS. <b>88</b>	B. RECUMBENT	SYS. DIAS. 	C. STANDING (3 min.)	SYS. DIAS. 	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.	
					<b>72</b>						

59. DISTANT VISION				60. REFRACTION				61. NEAR VISION						
RIGHT 20/	<b>50</b>	CORR. TO 20/	<b>20</b>	BY	<b>+1.25-</b>	S.	<b>.50X85°</b>	CX		20/400	CORR. TO	<b>J1</b>	BY	<b>+2.50</b>
LEFT 20/	<b>30</b>	CORR. TO 20/	<b>20</b>	BY	<b>+.75-</b>	S.	<b>.25x95°</b>	CX		20/400	CORR. TO	<b>J1</b>	BY	<b>+2.50</b>

62. HETEROPHORIA (Specify distance)									
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD		

63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT	LEFT	<b>Farnsworth 9/9</b>				CORRECTED <b>using 5.5gm</b>	

66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. RED LENS TEST	
<b>Normal O.U.</b>						<b>Test 5.5gm=17.3</b>	

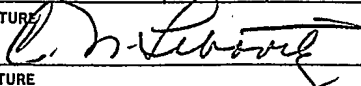

70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV	/15 SV	/15		250	500	1000	2000	3000	4000	6000	8000				
<b>15</b>		<b>15</b>													
LEFT WV	/15 SV	/15													

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY															

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)															
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)										76. A. PHYSICAL PROFILE					
										P	U	L	H	E	S
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR										B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER										A	B	C	E		

79. TYPED OR PRINTED NAME OF PHYSICIAN					SIGNATURE 					
80. TYPED OR PRINTED NAME OF PHYSICIAN					SIGNATURE 					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)					SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY					SIGNATURE					NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee _____	<b>Felt</b>	<b>W.</b>	<b>Mark</b>
<small>(Type or print)</small>	<small>Last</small>	<small>First</small>	<small>Middle</small>

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

49. Is necessary unless facilities for affording same are not readily available.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-276576-407

# Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*C. D. Leavitt*

Signature of Medical Examiner

Date

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELTWhere Assigned: INSPECTION DIVISION  
(Division) (Section, Unit)Official Position Title and Grade: ASSISTANT DIRECTORRating Period: from APRIL 1, 1969 to MARCH 31, 1970ADJECTIVE RATING: OUTSTANDING Employee's  
Outstanding, Excellent, Satisfactory, Unsatisfactory InitialsRated by: Clyde A. Tolson Associate Director 4/1/70  
Signature Title DateReviewed by: \_\_\_\_\_  
Signature Title DateRating Approved by: J. Edgar Hoover Director 4/1/70  
Signature Title Date

REC-139

## TYPE OF REPORT

☒ Official  
☐ Annual

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

XEROX  
DEC 13 1978

APR 8 1970

62

3-28

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Tolson

DATE: April 2, 1970

FROM : J. P. Mohr

SUBJECT: W. MARK FELT  
Assistant Director  
Inspection Division

LEONARD M. WALTERS  
Assistant Director  
Identification Division

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_

## OUTSTANDING ANNUAL PERFORMANCE RATINGS

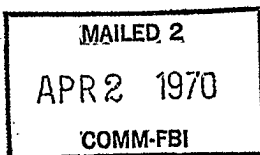
There are attached for approval the annual performance reports for Messrs. Felt and Walters in which their services have been rated Outstanding for the period April 1, 1969, to March 31, 1970.

In the event you approve these ratings, I respectfully request that you sign both the original and the copy of each as the Rating Official and that the Director sign both the original and the copy of each as the Approving Official.

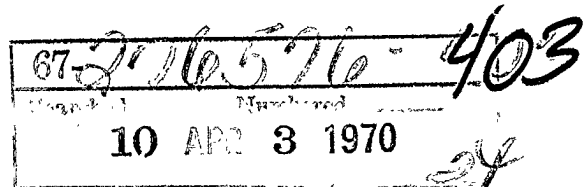
### RECOMMENDATION:

That you, as Rating Official, and the Director, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and that Mr. Felt and Mr. Walters each be furnished the original of his rating.

*JPM* ✓



REC-135



Enclosures

LDH:jab

(3)

1 - Personnel file of Leonard M. Walters

7 APR 8 1970

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. TOLSON

DATE: April 8, 1970

FROM : W. M. FELT *[Signature]*

SUBJECT: REQUEST FOR AUTHORITY TO CARRY  
PERSONALLY OWNED FIREARM

*[Handwritten signature]*  
Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Authority is requested to carry my personally owned  
firearm while on official business.

This gun is a Smith and Wesson Model 49, .38 caliber  
snub nose revolver, Serial # J-63453.

This weapon has been inspected by SA   
of the Training Division and certified as being in excellent operating  
condition.

b6  
b7C

## RECOMMENDATION:

That I be authorized to carry the above-described  
firearm.

1 - Mr. Callahan

WMF:wmj

(3)

*Posted to  
Property and  
HQB*

REC-127

67-276576-404
8 APR 10 1970

*24*  
*3 751B*

APR 14 1970

59

W. MARK FELT

April 7, 1970

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Walters	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Soyars	b6
Tele. Room	b7C
Miss Holmes	
Miss Gandy	

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

On my return from Los Angeles I received the Annual Performance Rating of "Outstanding" which you approved for me. I want to let you know how much I appreciate this rating and how much this recognition means to me.

You can be absolutely sure of my continued maximum efforts to carry out my assignments in a way which will measure up to your high standards.

Sincerely,

*W. Mark Felt*  
W. Mark Felt

REC-130

67-2765-26-405  
Numbered  
1 APR 13 1970

EX-110  
APR 8 1970 33

APR 16 1970  
59

3-2/4

Mr. Tolson ✓  
Mr. Sullivan ✓  
Mr. Mohr ✓  
Mr. Bishop ✓  
Mr. Brennan CD  
Mr. Callahan  
Mr. Casper  
Mr. Conrad  
Mr. Felt  
Mr. Gale  
Mr. Rosen  
Mr. Tavel  
Mr. Walters  
Mr. Soyars  
Tele. Room  
Miss Holmes  
Miss Gandy

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Congratulations on your timely and terrific statement to Ken Clawson. You said things which needed to be said, and you said them just right. All thinking Americans will appreciate this and be guided accordingly. America needs more leaders like you.

b6  
b7C

Asst. Dir. W. Mark Felt  
Inspection Div.

EXPLORE

NOV 18 1970

REF-142

ack  
11-18-70  
Jm/K:WR

67-276576-400  
Searched \_\_\_\_\_ Numbered *ms*  
5 NOV 25 1970



Mr. Tolson ✓  
 Mr. Sullivan ✓  
 Mr. Mohr ✓  
 Mr. Bishop \_\_\_\_\_  
 Mr. Brennan, C.D. \_\_\_\_\_  
 Mr. Callahan \_\_\_\_\_  
 Mr. Casper \_\_\_\_\_  
 Mr. Conrad \_\_\_\_\_  
 Mr. Felt \_\_\_\_\_  
 Mr. Gale \_\_\_\_\_  
 Mr. Rosen ✓  
 Mr. Tavel \_\_\_\_\_  
 Mr. Walters \_\_\_\_\_  
 Mr. Soyars \_\_\_\_\_  
 Tele. Room \_\_\_\_\_  
 Miss Holmes \_\_\_\_\_  
 Miss Gandy \_\_\_\_\_

July 27, 1970

MR. TOLSON

RE: ADEQUACY OF AGENT PERSONNEL  
 NEW YORK OFFICE

Pursuant to the Director's instruction,  
 I will proceed to New York on Tuesday, 7/28/70,  
 for the purpose of evaluating their request for 20  
 additional Agents and 8 additional cars to handle  
 bank robbery matters.

I should be able to return to Washington  
 on Wednesday, 7/29/70.

W. Mark Felt

REC'D - MOHR  
 JUL 28 1970

67-NOT RECORDED  
 8 JUL 29 1970

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-17-70

I certify that I have ☒ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #3149  
expires 6-30-71

RETURNED

D. C. OFFICIAL PARKING PERMIT #3425  
expires 6-30-70

(del. 7-2-70) FILE  
csj

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

(Typed name)

*W. Mark Felt*  
W. Mark Felt

76.

UNITED STATES GOVERNMENT

# Memorandum

TO : The Director

DATE: 11/30/70

FROM : N. P. Callahan *mc*

SUBJECT: LOCATION OF OFFICIALS

*Handwritten signatures and initials:*  
Tolson  
Sullivan  
Mohr  
Bishop  
Casper  
Callahan  
Conrad  
Felt  
Gale  
Rosen  
Tavel  
Walsh  
Soyars  
Tele. Room  
Holmes  
Gandy

## Assistant Directors

*Handwritten checkmarks:*  
Felt, W. M.  
Brennan, C. D.  
Rosen, A.  
Casper, J. J.  
Gale, J. H.  
Tavel, W. S.

Annual leave (Los Angeles)  
Washington (From annual leave)  
Washington (From annual leave)  
Washington (From annual leave)  
Washington (From annual leave)  
Washington (From annual leave)

## Inspectors

*Handwritten checkmarks:*  
Franck, R. R.  
Baker, J. V.  
Heavitt, T. W.  
Bowers, D. W.  
Dalbey, D. J.  
Suttler, B. M.  
Dunphy, J. P.

En route Paris (Inspection)  
New Orleans (Inspection)  
Washington (From Ottawa)  
Washington (From annual leave)  
Washington (From annual leave)  
Washington (From annual leave)  
Washington (From annual leave)

## Inspection Division Staff

*Handwritten checkmarks:*  
Campbell, W. G.  
Thompson, F. D.

Atlanta (Inspection)  
Atlanta (Inspection)  
San Antonio (Inspection)

## Photographer

[Redacted]

67-276576-407

REC-131

Washington (From annual leave)

DEC 9 1970

93

9 DEC 4 1970

- 1 - Mr. Tolson
- 1 - Mr. Mohr
- 1 - Mr. Sullivan
- 1 - Mr. Bishop
- 1 - Mr. Soyars
- 1 - Mr. Callahan
- 1 - Miss Holmes
- 1 - Mr. Davidson
- 1 - Mr. Walsh
- 1 - Mr. Clark

*Handwritten note:*  
I am glad to note all  
but the Asst Director  
have returned particularly  
in view of crisis facing the FBI  
for last weeks.

*Handwritten:* MC XEROX  
DEC 17 1970

6 DEC 17 1970 45

*Handwritten signatures and stamps:*  
J. Edgar Hoover  
J. P. Callahan  
J. P. Callahan  
J. P. Callahan

5  
November 18, 1970

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

Thank you for your letter of  
November 17th. It was good of you to write and  
your congratulations and generous remarks  
regarding my statement to Mr. Clawson mean  
a great deal to me.

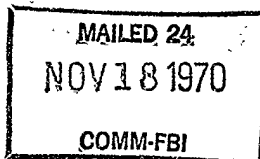
With kindest regards,

Sincerely,

JEE

FMG:llk (3)

LoB  
L.R.  
Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_



DEC 2 1970  
MAIL ROOM ☐ TELETYPE UNIT ☐ 25

# REPORT OF MEDICAL EXAMINATION

88-110

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Felt, W. Mark</b>			2. GRADE AND COMPONENT OR POSITION <b>Assistant Director</b>		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>11-6-70</b>
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	
11. ORGANIZATION UNIT <b>22 Jacoby 407155</b>					
12. DATE OF BIRTH <b>8-17-13</b>		13. PLACE OF BIRTH <b>Idaho</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>WRGH</b>				16. OTHER INFORMATION	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Female) (Check how done)	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

WBC 5,100 2Hr. PP 102 - 13 Nov.  
HCT 46  
Neut 72  
Bands 1  
Lymph 26  
Mono 1  
Bun 20  
Chol 260  
Creatinine 1.2  
Uric-Acid 7.0

2 SMA/12 Done

CA 9  
Inor-Phos 3.3  
Glu 120  
Bun 19  
Uric-Acid 6.9  
T. P. 7.6  
Alb 5  
T-Bili .5  
Alk-Phos 70  
Sgot 35  
LDH 155

CA 9.7  
Inor-Phos 3.4  
Glu 120  
Bun 19  
Uric-Acid 7  
T. P. 7.3  
Alb 4.8  
T-Bili .5  
Alk-Phos 70  
Sgot 35  
LDH 160

Chol 295

REC-147

67-276576-408

#39 Bital groin scars

8 DEC 11 1970

44. DENTAL (Place appropriate signs above or below number of upper and lower teeth, respectively.)	
O—Restorable teeth I—Nonrestorable teeth	
XXX—Missing teeth XXX—Replaced by dentures	
(6 X 8) Fixed bridge, brackets to include abutments	
R I G H T	L E F T
1 2 3 4 5 6 7 8 9 10 11 12 (13 14 15) 16	17 18 19 20 21 22 23 24
X 31 30 29 28 27 26 25	X

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type A  
Class 1

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.022</b>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <b>Neg</b>	D. MICROSCOPIC <b>Ess-Neg</b>	511-46-0048- <b>Neg</b>	
C. SUGAR <b>Neg</b>	47. SEROLOGY (Specify test used and result) <b>Neg</b>	48. EKG <b>WNL</b>	49. BLOOD TYPE AND RH FACTOR
		50. OTHER TESTS	

6 DEC 16 1970

## MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <b>73 3/4</b>		52. WEIGHT <b>173</b>		53. COLOR HAIR <b>Gray</b>		54. COLOR EYES <b>Blue</b>		55. BUILD: (Check one)		SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE <b>98</b>	
57. BLOOD PRESSURE (Arm at heart level)								58. PULSE (Arm at heart level)							
A. SITTING		SYS. <b>130</b>		B. RECUMBENT		SYS.		C. STANDING (3 min.)		SYS.		A. SITTING		B. AFTER EXERCISE	
		DIAS. <b>80</b>				DIAS.				DIAS.		<b>76</b>		C. 2 MIN. AFTER	
59. DISTANT VISION								60. REFRACTION				61. NEAR VISION			
RIGHT 20/ <b>30</b>				CORR. TO 20/ <b>20</b>				BY				S. CX			
LEFT 20/ <b>20</b>				CORR. TO 20/ <b>20</b>				BY				S. CX			
62. HETEROPHORIA (Specify distance)															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)								65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				<b>PIP 0/15 Yarn Test Passed</b>								UNCORRECTED			
												CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)								68. RED LENS TEST			
												69. SCHIOTZ TENSION <b>Ton 5.5=15.0</b>			
70. HEARING				71. See Audiogram AUDIOMETER <b>ISO</b>								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV /15 SV /15				250 256				500 512				1000 1024			
				2000 2048				3000 2896				4000 4096			
				6000 6144				8000 8192							
LEFT WV /15 SV /15				RIGHT				15 15 5				10			
				LEFT				25 20 10				15			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY															
(Use additional sheets if necessary)															
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)															
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)															
76. A. PHYSICAL PROFILE															
P U L H E S															
77. EXAMINEE (Check)															
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR															
B. <input type="checkbox"/> IS NOT QUALIFIED FOR															
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER															
A B C E															
79. TYPED OR PRINTED NAME OF PHYSICIAN															
<b>Joseph I. Wollman, M.D.</b>															
SIGNATURE															
<b>/s/ Joseph Wollman</b>															
80. TYPED OR PRINTED NAME OF PHYSICIAN															
SIGNATURE															
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)															
<b>Walter H. Bohling, Jr. Col. DC.</b>															
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY															
SIGNATURE															
NUMBER OF ATTACHED SHEETS															

# Rudmose® Audiogram

		LEFT EAR						RIGHT EAR									
NO.	NAME <i>ELT M. C.</i>	OPERATOR <i>D. Coiseca</i>	TIME <i>11:00</i>	DATE	10											10	
					20												20
					30												30
					40												40
					50												50
					60												60
					70												70
					80												80
					90												90
					FREQUENCY					500	1000	2000	3000	4000	6000	500	1000
(HTL) "ISO-ASA-X"					X=14	X=10	X=8.5	X=8.5	X=6	X=9.5	X=14	X=10	X=8.5	X=8.5	X=6	X=9.5	

TRACOR P/N 754033  
PRINTED IN USA

**ISO 1964**



**Medical Instruments**

6500 Tracor Lane, Austin, Texas 78721

© COPYRIGHT 1964  
TRACOR, INC  
AUSTIN, TEXAS

HEARING CONSERVATION DATA CARD NO. \_\_\_\_\_

TYPE OF  
AUDIOGRAMREFERENCE  
AND/OR  
PRE-EMPLOYMENT  
RECHECK  
OTHER \_\_\_\_\_☐  
☐

## A. IDENTIFICATION

LAST NAME	FIRST	MIDDLE	SEX MALE FEMALE	DATE OF BIRTH DAY MO. YR.		
SOCIAL SECURITY NUMBER			COMPANY NUMBER			

## B. CURRENT NOISE-EXPOSURE

JOB TITLE OR NUMBER	DEPARTMENT OR LOCATION	TIME IN JOB		
		NONE	MOS.	YRS.
NOISE-EXPOSURE		EMPLOYEE'S EST. OF OWN HEARING		
STEADY NOISE	IMPULSE NOISE	GOOD		
CONTINUOUS <input type="checkbox"/>	CONTINUOUS <input type="checkbox"/>	FAIR		
INTERMITTENT <input type="checkbox"/>	INTERMITTENT <input type="checkbox"/>	POOR		
PERCENT TIME NOISE ON				
10 20 30 40 50				
60 70 80 90 100				

## C. AUDIOGRAM

TIME SINCE MOST RECENT NOISE EXPOSURE				DURATION OF MOST RECENT NOISE EXPOSURE			
0-20 MIN.	1 HR.	4-7 HRS.	1 DAY	0-20 MIN.	1 HR.	4-7 HRS.	
21-50 MIN.	2-3 HRS.	8-16 HRS.	2-3 DAYS	21-50 MIN.	2-3 HRS.	7+ HRS.	
AGE	DATE OF AUDIOGRAM	DAY OF WEEK	TIME OF DAY	EAR PROTECTION WAS EAR PROTECTION WORN? YES NO			

## D. PREVIOUS NOISE-EXPOSURE AND MEDICAL HISTORY

## PREVIOUS EMPLOYMENT (LAST 3 JOBS)

TYPE OF WORK	FOR WHOM	HOW LONG
_____	_____	_____
_____	_____	_____
_____	_____	_____

## HISTORY

HEAD INJURY (WITH UNCONSCIOUSNESS) ☐  
HEARING LOSS IN FAMILY (BEFORE AGE 50) ☐  
TINNITUS FOLLOWING NOISE-EXPOSURE L ☐ R ☐

## STATUS

PERFORATIONS OF DRUMHEAD L R  
DRAINAGE FROM EAR L R  
MALFORMATION OF EAR L RRECORD ANY COMMENTS  
SUBJECT MAKES ABOUT HEARINGTECHNICIAN \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

FOR SERVICE ON YOUR AUDIOMETER, CALL

**TRACOR****Medical Instruments**

AC 512 / 926-2800



**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee _____ (Type or print)	Felt Last	W. First	Mark Middle
---	--------------	-------------	----------------

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

49. Is necessary unless facilities for affording same are not readily available.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-276576-468

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

\_\_\_\_\_  
**/s/ Joseph Wollman**

Signature of Medical Examiner

**Nov. 6, 1970**

\_\_\_\_\_  
Date

January 26, 1971

Dear Felt:

Today marks your Twenty-ninth Anniversary in the FBI, and I did want to add my congratulations to those you are receiving from your many friends. Best wishes and may the Bureau have the benefit of your fine services for many years to come.

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

REC-135

276576-409  
1 JAN 26 1971

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Anniversary 1/26 Saturday

JEH:edm (3)

*edm*

JAN 28 1971

SENT FROM D. O.	
TIME	8:30 AM
DATE	1-26-71
BY	<i>LL</i>

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : Mr. Tolson

DATE: 4/5/71

FROM : Mr. Mohr

SUBJECT: W. MARK FELT  
Assistant Director  
Inspection Division  
OUTSTANDING ANNUAL PERFORMANCE RATING

In the event the Director desires to approve, there is attached the annual performance rating in duplicate covering Mr. Felt's services from April 1, 1970, to March 31, 1971, in which he is rated Outstanding.

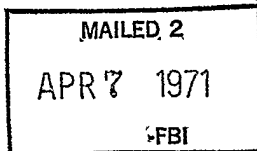
In the event of approval, I respectfully request that you sign both the original and the copy as the Rating Official and that the Director sign both the original and the copy as the Approving Official. Additionally, in the event of approval, there is attached a letter advising Mr. Felt of this action together with the Director's approval of a \$500 cash award.

## RECOMMENDATION:

After you have signed the attached Outstanding rating as Rating Official, if the Director desires to approve it, the original and copy should also be signed by him as Approving Official. Additionally, if the Director approves, attached letter to Mr. Felt advises of approval of the Outstanding rating together with approval of a \$500 award.

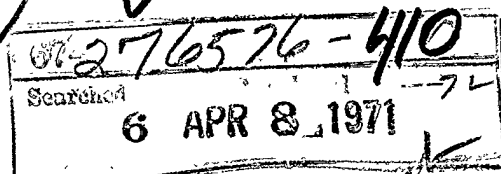
## ADDENDUM:

No censures during rating year. 1970 rating Outstanding.



Enclosures  
LDH:ndl  
(2)

HANDLED SEPARATELY  
ENCLOSURE



# RESULTS OF ROAD TEST

Vehicle Used in Test				Local Test	
Make	Body Type	Year	City	State	
Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		Date	Time	Examiner's Signature	

**Instructions to Examiner**  
 Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.

**PASSING GRADE: Total Score of 25 Points or Less**  
**FAILING GRADE: Total Score of 26 Points or More**  
**Note Results in Box at Right of Instruction Block**

**TEST SCORE**

Total Error Points

Pass ☐  
 Fail ☐


Check List	
<p><b>1. Checking Vehicle</b></p> <p>Fails to: <input type="checkbox"/> 1 — Adjust Rear-view Mirror  <input type="checkbox"/> 1 — Adjust Seat Properly  <input type="checkbox"/> 1 — Check Effectiveness of Hand &amp; Foot Brake  <input type="checkbox"/> 1 — Check Windshield Wipers  <input type="checkbox"/> 1 — Check Horn and All Lights</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>	<p><b>2. Leaving Curb</b></p> <p>Fails to: <input type="checkbox"/> 2 — Look Back to Check Traffic  <input type="checkbox"/> 2 — Give Proper Signal (Mechanical or Hand)  <input type="checkbox"/> 2 — Wait for Approaching Traffic</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>
<p><b>3. Turning</b></p> <p>Fails to: <input type="checkbox"/> 2 — Give Proper Signal (Mechanical or Hand)  <input type="checkbox"/> 2 — Turn Carefully From Proper Lane</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>	<p><b>4. Backing</b></p> <p>Fails to: <input type="checkbox"/> 1 — Observe Surrounding Conditions  <input type="checkbox"/> 1 — Back Slowly and Smoothly and Avoid Excessive Curb Contact</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>
<p><b>5. Controls</b></p> <p>Fails to: <input type="checkbox"/> 1 — Handle Vehicle Smoothly  <input type="checkbox"/> 2 — Keep Both Hands on Wheel  <input type="checkbox"/> 2 — Smoothly Engage Shifting Mechanism  <input type="checkbox"/> 2 — Use Brakes Properly</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>	<p><b>6. Speed</b></p> <p><input type="checkbox"/> 2 — Exceeds Limit  <input type="checkbox"/> 2 — Too Slow for Traffic Conditions  <input type="checkbox"/> 2 — Too Fast for Traffic Conditions</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>
<p><b>7. Position on Roadway</b></p> <p><input type="checkbox"/> 2 — Follows too Closely  <input type="checkbox"/> 2 — Fails to Hold Proper Lane  <input type="checkbox"/> 1 — Straddles Lane Markings</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>	<p><b>8. Overtaking - Passing</b></p> <p><input type="checkbox"/> 2 — Misjudges Speed of Oncoming Traffic  <input type="checkbox"/> 2 — Passes in Intersection, on Hill, Curve, etc.  <input type="checkbox"/> 2 — Cuts in too Soon  <input type="checkbox"/> 2 — Fails to Signal (Hand, Light, Horn) When Conditions Warrant</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>
<p><b>9. Parking</b></p> <p>Fails to: <input type="checkbox"/> 1 — Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb  <input type="checkbox"/> 1 — Set Hand Brake  <input type="checkbox"/> 1 — Cramp Wheels Where Necessary</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>	<p><b>10. Railroad and School Zones</b></p> <p>Fails to: <input type="checkbox"/> 2 — Obey Signals and Caution Warnings  <input type="checkbox"/> 2 — Be Alert for Unusual Conditions</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>
<p><b>11. Attention</b></p> <p>Fails to: <input type="checkbox"/> 2 — Anticipate Hazardous Traffic Conditions (Including Pedestrians)  <input type="checkbox"/> 2 — Keep Full Attention on Operation of Car  <input type="checkbox"/> 1 — Limit Talking to Minimum  <input type="checkbox"/> 2 — Observe Posted Signs or Signals</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>	<p><b>12. General</b></p> <p><input type="checkbox"/> 3 — Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway  <input type="checkbox"/> 3 — Lack of Caution  <input type="checkbox"/> 3 — Timidity or Lack of Assurance Under Normal Driving Conditions</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"># of Points</div>

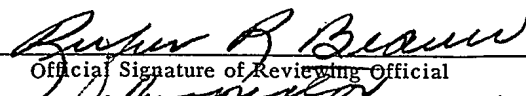
Remarks:

TO: Director, FBI

FROM:

CERTIFICATION

TO BE FILLED IN BY OPERATOR	Name of Operator (Print - Last, First, Middle Initial) <b>FELT W. MARK</b>		Date <b>3-2-71</b>
	Division and Section Assigned <b>INSPECTION DIVISION</b>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
	This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows: <b>VIRGINIA</b>		
	Permit Issued By: (State, Territory Possession, District) <b>VIRGINIA</b>	Permit Number <b>FD 5443-74744</b> <b>845381</b>	Permit Expires <b>8-31-71</b>
	This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately <b>6000</b> miles. During this time (a) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.			
* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau. <div style="text-align: right;"> Signature of Operator</div>			

TO BE FILLED IN BY REVIEWING OFFICIAL	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:		
	<input checked="" type="checkbox"/> Continuous safe driving record <input type="checkbox"/> Involved in traffic accident and found at fault**		
	I certify that this employee is:		
	<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business <input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business		
Remarks:		<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46	
1 APR 14 1971		<div style="text-align: right;"><b>3/2/71</b>  Official Signature of Reviewing Official</div>	
** "At fault" means any case in which the Bureau has taken disciplinary administrative action against the employee.		Title <b>Supervisor</b> Date <b>3-7-71</b>	
(Over for Operator's Road Test - See Sheet)			

138

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 12/29/70

I certify that I have ☒ received ☐ returned the following Government property for official use:

U.S.D.J. Garage Parking Permit Space #8 (Decal)

U.S. D. J. GARAGE PARKING PERMIT (DECAL) ALTERNATE SPACE #11

RETURNED

U.S. D. J. Garage Parking Permit Space 8

des.  
DEFILE

3/ DRK

Very truly yours,

(Signature)

*W. Mark Felt*

(Typed name)

W. Mark Felt

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

9 FEB 10 1971

RECORDED

✓  
REC-144

April 5, 1971

PERSONAL

0

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

I am taking this means to advise that your superior services from April 1, 1970, to March 31, 1971, have merited an Outstanding performance rating. There is enclosed a copy of this rating which you may retain.

It is a pleasure also to advise that in recognition of this fine accomplishment I have approved an incentive award for you in the amount of \$500.00, which is represented by a check to be sent to you at a later date. You have certainly earned this award through your loyalty and dedication. I am most appreciative.

Sincerely,

J. Edgar Hoover

Enclosure

1 - Payroll Distribution (Sent Direct)

1 -   (Sent Direct)

JAB:sma *sma* (5) Award # 1475-71

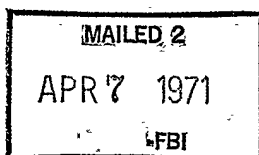
Based on memo Mohr-Tolson dated 4/5/71, LDH:ndl.

Salutation per file.

~~XTROM~~  
DEC 13 1978

b6  
b7c

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_



MAIL ROOM ☐ TELETYPE UNIT ☐

*dx*



April 6, 1971

Dear Felt:

Inspector Miller wrote me yesterday setting forth your discussion in regard to the articles in Life, Newsweek and the Washington Post, which contain the usual attacks on me and the Bureau. Of course, this continued to bear out the pattern and character of this pack of jackals, and I feel certain we shall weather the storm by concentrating on doing our job to the very best of our ability and adhering to the principles which we all know are right.

Thank you for expressing yourself as you have. I appreciate your continuing support and assistance.

Sincerely,

J. E. H.

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

REC-137

7 APR 12 1971

✓ ✓  
Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

JEH:edm (3)

APR 16 1971

MAIL ROOM ☐ TELETYPE UNIT ☐

SENT FROM D. O.	
TIME	2:26
DATE	4/6/71
BY	JEH

W. MARK FELT

Mr. Tolson	✓
Mr. Sullivan	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Brennan	CD ✓
Mr. Callahan	✓
Mr. Casper	
Mr. Conrad	
Mr. Dalbey	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Tavel	
Mr. Walters	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

April 13, 1971

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

This is to thank you for the Outstanding  
Performance Rating and the very generous  
award which accompanied it.

You can be sure of my continued maximum  
efforts to perform my assignments in a way  
which will meet with your approval. You can  
also be sure of my continued 100% loyalty  
to you personally.

Sincerely,



W. Mark Felt

REC-135

67-276576-412	
Searched	Numbered
4 APR 15 1971 64	

4 APR 20 1971  
138

8/ew

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION  
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1970 to MARCH 31, 1971

ADJECTIVE RATING: OUTSTANDING  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's  
Initials

Rated by: Clyde A. Tolson Associate Director 4/1/71  
Signature Title Date

Reviewed by: \_\_\_\_\_  
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/71  
Signature Title Date

## TYPE OF REPORT

☒ Official  
☒ Annual

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

XEROX  
DEC 13 1978

67-276576-413  
Searched \_\_\_\_\_ Number \_\_\_\_\_  
7 APR 19 1971

14  
1 APR 23 1971

THREE

**W. MARK FELT  
ASSISTANT DIRECTOR  
INSPECTION DIVISION**

From April 1, 1970, to March 31, 1971, Mr. Felt fulfilled his obligations in such a truly admirable fashion as to definitely warrant this Outstanding rating.

Always immaculately attired in conservative business dress, and possessing a most remarkable personality, Mr. Felt is especially effective in his contacts both within and outside of the FBI, and he engenders in those with whom he comes in contact a feeling of confidence and respect.

It is his primary responsibility to conduct inspections of the Bureau's 59 field offices, as well as Seat of Government divisions and foreign installations. He is consistently alert for ways and means in which operations can be streamlined and improved and necessary economies effected. He is particularly well qualified for the position he holds, having had a long and distinguished career in the organization during which he has held a variety of increasingly important positions. He is most knowledgeable as regards the rules and regulations, the policies and procedures of the FBI, and, by virtue of his superior intelligence and his analytical approach, he skillfully implements this knowledge on a day-to-day basis. Enjoying superb good health and possessing great stamina, Mr. Felt is capable of working for long periods of time with no diminution of efficiency and, despite the many pressures to which he is subjected, he never loses his composure.

Mr. Felt regards each and every assignment as a challenge, and he strives to meet these challenges to the very best of his ability, never hesitating to set aside personal interests in order to insure that the Bureau is served. His proven loyalty and obvious dedication have won for him the respect and admiration of superiors and subordinates. Not content with less than perfection, he sets a splendid example for his subordinates to emulate. Mr. Felt is a particularly valuable member of the FBI.

XEROX

DEC 13 1978

W. MARK FELT

Mr. Tolson	✓
Mr. Sullivan	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Brennan	CD
Mr. Callahan	
Mr. Casper	
Mr. Conrad	
Mr. Dalbey	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Tavel	
Mr. Walters	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

April 30, 1971

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

Just a short note to let you know  
how much I appreciate the beautiful color  
portrait which you autographed for me.

This is a prized possession and  
I am having it suitably framed to occupy  
the place of honor in my office.

Thank you very much!

Sincerely,

*W. Mark Felt*

W. Mark Felt

REC-142

67-276576-414	
Searched	Numbered
10 MAY 4 1971	

TELETYPE

gaw

6 MAY 10 1971

67

No ack - reply would  
be "Thanks for photo."  
SPX.

July 1, 1971

PERSONAL

Mr. W. Mark Felt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Felt:

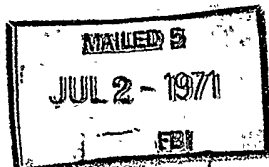
I hereby designate you Assistant  
Director - Deputy Associate Director  
effective this date. You should report to  
Mr. Tolson's Office to assume this assign-  
ment.

Sincerely,  
J. Edgar Hoover

1 - Movement

NPC:jlk  
(3)

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Beaver \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_



MAIL ROOM ☐ TELETYPE UNIT ☐

67-276-415

7 JUL 7 1971

19 JUL 6 1971

PERS. REC.

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date

6.25.71

I certify that I have ☐ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #6279 ✓  
expires 6-30-72

RETURNED

D. C. OFFICIAL PARKING PERMIT #3149 ✓  
expires 6-30-71 *del*

FILE

3/ *glw*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours/

(Signature)

(Typed name)

W. M. Felt

67-1047-RECORDED

9 JUL 27 1971

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Mohr

DATE: 8/20/71

FROM : T. E. Bishop

SUBJECT: PRESS INQUIRY RE ASSISTANT DIRECTOR  
DEPUTY ASSOCIATE DIRECTOR W. MARK FELT

Tolson \_\_\_\_\_  
Felt \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Gale \_\_\_\_\_  
Ponder \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_ b6  
Walters \_\_\_\_\_ b7C  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_

[redacted] a UPI reporter who covers the Justice Building, today called and said she wanted to drop by later today. She said she had noticed in a "directory" that there had apparently been a reshuffling of the FBI staff and wanted to know if Mr. Felt fit in above Messrs. Mohr and Sullivan. She said she also wanted to find out a little background concerning Mr. Felt.

## RECOMMENDATION

It is recommended UPI be advised that Mr. Felt as Assistant Director - Deputy Associate Director comes directly under Mr. Tolson, and also recommend attached biographical background re Mr. Felt be furnished UPI.

- 1 - Mr. Felt
- 1 - Mr. Mohr
- 1 - Mr. Bishop
- 1 - Mr. M. A. Jones

HPL:asg  
(5)

RFC-135

Searched

Numbered

1 AUG 20 1971

CLOSURE

Addendum: W. Mark Felt: At 6:05 P.M. I received a telephone call from [redacted] who identified himself as a Reporter for the New York Times. He requested to know my age and I told him. He requested additional background data and I referred him to the Crime Records Division. He then asked if my "recent promotion meant" that I was "#3 in the FBI". I told him "No comment" and terminated the conversation.

b6  
b7C

2 SEP 1 1971

PERF. REC. UNIT





## UNITED STATES DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

## W. MARK FELT

Mr. Felt was born on August 17, 1913, in Twin Falls, Idaho. He received his early education in that city and attended the University of Idaho, Moscow, Idaho, where he received a Bachelor of Arts degree in 1935. He was subsequently employed in Washington, D. C., as an Administrative Assistant to then U. S. Senator D. Worth Clark and, while so employed, continued his education at The George Washington University Law School, receiving a Juris Doctor degree. Upon admission to the District of Columbia Bar in 1941, he secured employment as an attorney for the Federal Trade Commission. He has been admitted to practice before the United States Supreme Court.

Mr. Felt entered on duty as a Special Agent in the FBI in January, 1942, and has been assigned in that capacity to offices in Houston, San Antonio, and Seattle. In addition, he has served in a supervisory capacity at FBI Headquarters on two occasions, the first being from December, 1942, to August, 1945, and the last being just prior to his assumption of the duties of Assistant Special Agent in Charge of the New Orleans Office in December, 1954. He also served as Assistant Special Agent in Charge of the Los Angeles Office. In August, 1956, he was ordered to Salt Lake City to serve as Special Agent in Charge and, on February 6, 1958, he was designated Special Agent in Charge of the Kansas City Office.

In September, 1962, he returned to FBI Headquarters with the rank of Inspector. In November, 1964, he was appointed Inspector in Charge of the Inspection Division and, in March, 1965, was designated Assistant Director in charge of this Division. In July, 1971, he was named to the position of Assistant Director-Deputy Associate Director.

Mr. Felt is married and has two children.

ENCLOSURE

67-276576-416

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 8-6-71

I certify that I have ☒ received ☐ returned the following Government property for official use:

Parking Permit Space 16

RETURNED

Parking Permit Space 8

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE

3/5

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

149 1 AUG 13 1971

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 7-23-77

I certify that I have ☒ received ☐ returned the following Government property for official use:

MANUAL OF RULES AND REGULATIONS #1204 ✓  
MANUAL OF INSTRUCTIONS #706 ✓  
SUPERVISORS MANUAL #212 ✓  
SOG STENOGRAPHERS MANUAL #63 ✓  
TIME AND ATTENDANCE MANUAL #202 ✓  
FOREIGN OPERATIONS POLICY MANUAL #13 ✓  
SOG INSPECTORS' MANUAL #2 ✓

*Manuals rec'd from  
R R Beaver.*

FILE  
31. *orig*

## READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

8 AUG 9 1977

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

1. NAME (CAPS) LAST—FIRST—MIDDLE <b>FELT, W. MARK (MR)</b>		MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) <b>8-17-13</b>	4. SOCIAL SECURITY NO. <b>511-46-0048</b>
5. VETERAN PREFERENCE <b>1</b> 1—NO 3—10 PT. DISAB. 5—10 PT. OTHER 2—5 PT. 4—10 PT. COMP.		6. TENURE GROUP		7. SERVICE COMP. DATE <b>12-28-66</b>	<b>12-28-66</b>
9. FEGLI 1—COVERED (Regular only—declined Optional) 2—INELIGIBLE 3—WAIVED 4—COVERED (Reg. & Opt.)		10. RETIREMENT 1—CS 3—FS 5—OTHER 2—FICA 4—NONE		11. (FOR CSC USE)	
12. CODE NATURE OF ACTION <b>REASSIGNMENT</b>		13. EFFECTIVE DATE (Mo., Day, Year) <b>7-1-71</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>	
15. FROM: POSITION TITLE AND NUMBER <b>Assistant Director 110</b>		16. PAY PLAN AND OCCUPATION CODE <b>GS</b>		17. (a) GRADE OR LEVEL <b>18</b>	(b) STEP OR RATE <b>\$36,000 pa</b>
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>Inspection Division Washington, D. C.</b>					

20. TO: POSITION TITLE AND NUMBER <b>Assistant Director - Deputy Associate Director</b>		21. PAY PLAN AND OCCUPATION CODE <b>GS</b>		22. (a) GRADE OR LEVEL <b>18</b>	(b) STEP OR RATE <b>\$36,000 pa</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>Associate Director's Office Washington, D. C.</b>					

25. DUTY STATION (City—county—State)			26. LOCATION CODE		
27. APPROPRIATION <b>S. &amp; E., FBI</b>		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE <b>2</b> 2—EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: 1—PROVED-1 2—WAIVED-2 TO: STATE	

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING \_\_\_\_\_  
☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: \_\_\_\_\_  
☐ C. DURING PROBATION

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐

Basis for this position is Title 5, U.S.C., Section 5108 (c)(2).

**67-NOT RECORDED**  
**18 JUL 20 1971**

*J. E. Hoover*  
Director

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <i>[Signature]</i>	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <i>3/2/71</i>	
33. CODE <b>DJ 02</b>	EMPLOYING DEPARTMENT OR AGENCY <b>FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535</b>		

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICEDate July 12, 1971I certify that I have ☐ received ☒ returned the following Government property for official use:

Manual of Rules and Regulations #975

Manual of Instructions #5827

✓ Defense Plans Manual #118

Highlights of SOG Defense Plans for Chain of Command #20

✓ Foreign Operations Policy Manual #17

✓ Field Inspectors' Manual #488 ✓ *detached, cij*

✓ Inspector's Manual (SOG) #19

✓ Inspectors' Manual (Foreign Offices) #2

Manual for Bureau Supervisors #423

Position Classification Manual #31

FILE  
31. *cij*

## READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

